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the newsweekly for pharmacy

September 23, 1989

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Unichem unveil changes in generics policy

PSNC lipid trial supports pharmacy role

Evans for sale as flotation plans founder

OTC monopoly under threat?

Topics in treatment

Alternatives to animal testing debated at BPC

L' O R É A L

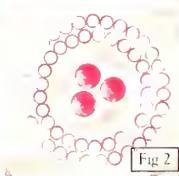


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L'ORÉAL

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CHEMIST & DRUGGIST

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IN THIS ISSUE

VOLUME 232 NO 5694

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All change for generics at Unichem

468

Products now more price competitive with possible implications for Drug Tariff

PSNC lipids trial finds in favour of pharmacy role

469

Six participant pharmacists test 1,500 patients

Is pharmacy medicine monopoly threatened?

471

Alan Smith poses the question at FIP

Topics in treatment

503

Long-acting insulins in the spotlight

Evans Healthcare seek a buyer

505

Flotation plans shelved by management buyout team

Wellcome drop AZT price by 20 per cent...

506

... and please AIDS groups

BPC Keele: papers and discussion from the last two days

Symposium session: alternatives to animals testing

493

Professional session: generics' quality 'good as brands'

495

Discussion sessions: clinical pharmacy for homes

497

History of pharmacy: the Bates & Hunt time capsule

498

Conference lecture: cancer vaccine research hindered

500

REGULARS

Comment 467

Topical reflections 472

Letters 474

Counterpoints 476

Prescription specialities 488

Business news 505

Coming events 506

Classified advertisements 507

People 514

Appointments 514

COMMENT

Not for the first time Xrayser has managed to stir up a hornet's nest. Writing in *C&D* on September 9 on "Colostomy", he marvelled at the splendid service being promoted by appliance contractors, and wondered how they could afford so to do — freephone advice, free samples, home visits from trained staff, and so on. He conjectured that such a service could well "run rings round the average pharmacy" supplier, although some pharmacists would match that on offer from the appliance contractors mentioned. "Do they get paid more than us?" he asked, *innocently*.

Well, of course, the answer is "Yes". Xrayser's postbag has bulged with letters from aggrieved pharmacy contractors. This has prompted him to hold forth again on the subject (p472). And on the Letters page this week (p474) Martin Bennett sets out a profit statement for a pharmacist and appliance contractor supplying identical ostomy items on prescription. For the appliance contractor the gross profit is 24 per cent, significantly better than that of the pharmacist at just 4.5 per cent. The PSNC acknowledges the problem, but as yet has provided no solution. For contractors this is hardly satisfactory. PSNC

may well have good political reasons why it chooses not to press this case at present, but for those contractors caught in this particular service trap that is little or no consolation.

It can only be right and proper that contractors providing essentially the same service are similarly rewarded. For a Government bent on providing cost-effective services through competition it is illogical to allow one sector of the NHS to enjoy excessive profits. Not only does it discriminate unnecessarily against contractors, but the taxpayer is also penalised. If the pharmacist is being paid the right price then the appliance contractor is ripping off the exchequer. If he is not, then the pharmacist is being similarly exploited. The truth may lie somewhere in between but a solution needs to be found.

Mr Bennett may be right in that supply of ostomy products within pharmacy may need to be limited to a few contractors who will upgrade their service to match improved payments — the oxygen service syndrome. Otherwise it will be left to a few pharmacists to loss-lead on ostomy. While this may be vainglorious for them, it remains unsatisfactory for the profession as a whole. And above all, it leaves the patient confused by variable levels of service.

Unichem change their generics policy

Unichem are instituting a new generics policy next month which they hope will make them more price competitive but which may also have implications for Drug Tariff prices.

Unichem are discontinuing their own label generics range and replacing them from October 1 with generics from Evans Medical. In addition, for the top selling 110 generic products — the so-called "hotlist" — Unichem

plan to buy from a variety of suppliers determined by which one gives the best price for each product. It is hoped the strategy will make Unichem's prices more competitive with those of short-line wholesalers. The "hotlist" products are estimated to account for 68 per cent of Unichem's generic sales.

Chief executive Peter Dodd told *C&D* this week that he did not imagine the "hotlist" strategy would affect the Drug Tariff price of generics which is based on a weighted average of prices offered by a number of generics suppliers. Up to now Unichem's own brand generics have been included in the calculation, as are Evans' products and generics from Unichem's other suppliers.

"I have told the Department of Health that Unichem's own brand generics are being replaced by Evans, so Unichem need no

longer be included in the Tariff calculation," Mr Dodd said. Logically the weighting on Evans' prices should be increased.

Unichem will continue to supply their complete range of generics from one source — Evans Medical — in addition to the top selling 110 lines from a variety of suppliers so that pharmacists have the choice of being able to supply patients with products of consistent appearance.

Unichem say members are to be notified of the prices of the "hotlist" generics via a separate leaflet distributed direct.

The Pharmaceutical Services Negotiating Committee assistant secretary, Dr Gordon Geddes, told *C&D*: "My initial reaction is that as long as there is a Unichem price list for generics it will make a contribution to Drug Tariff prices because they supply a good number of pharmacists."

FPC role in home visits

Family practitioner committees are still unfamiliar with exactly what they will be required to do when the new residential home and patient medication record schemes finally come into effect.

The Pharmaceutical Services Negotiating Committee is considering a draft FPC circular at its meeting this week. This says FPCs will be required to list contractors providing the services, and ensure that the contractors are certified.

FPCs will have to ensure that contractors enter into suitable agreements with residential homes and keep suitable records of such visits. Periodic inspection of PMRs will also be required.

PSNC back at the Department

Pharmacy negotiators held their second meeting with Department of Health officials on Monday in a bid to prepare the ground for the 1990-91 pay round.

Proposals put forward by PSNC at an earlier meeting in June were rejected by the Department. Officials later made it clear that attempts to maintain the contract on a cost-plus basis, albeit under

another guise, would not be acceptable.

The Department has yet to give any indication of how it intends to proceed, giving rise to increasing speculation that a "take it or leave it" offer will be made as late as possible, giving PSNC and local pharmaceutical committees little time to make a response.

Talks reopen on hospital pay

Hospital pharmacist negotiators were meeting with the management side, on Wednesday as *C&D* went to press, hopeful of an improvement on the massively rejected 6.5 per cent offer.

Guild of Hospital Pharmacist members voted by over five to one to reject the offer in the ballot concluded at the end of August. Guild general secretary David Bird told *C&D* that the recent decision by ambulance staff to stage an overtime ban in support of their demand for an increase on 6.5 per cent would be an important factor in the negotiations. "The ambulance men are arguing about going to arbitration and this seems the sensible thing to do, but at the moment the health service seems to be setting itself against it."

Dr Bird, however, appears to be optimistic. "There is not really an awful lot between us. On the date we were due to settle (April 1), inflation was at 7.9 per cent, the management have offered 6.5 per cent. Our members just don't want to see erosion of salaries starting all over again."

Drug budget reassurance

A further attempt to allay fears about the implications of indicative drug budgets was made by the Government earlier this week.

Health Minister David Mellor reaffirmed that doctors would be able to prescribe any clinically necessary medication and that the requirements of patients needing expensive prescriptions over a prolonged period would be reflected in budget calculations.

The British Medical Association may be taking a pause in its campaign against the Government's NHS White Paper at the end of the month when its poster campaign ends.

The latest poster in the campaign, with the catchline "What do you call a man who ignores medical advice? Mr Clarke" has drawn near universal condemnation from most of the "quality" newspapers.

Although the lobbying exercise aimed at MPs will continue undiminished, the BMA is likely to lose the high ground in the publicity battle until the Government introduces legislation, expected this Autumn.



"OK lads, let's see if we can do a little better this time"

DoH appeal start over mianserin

An important test case over the Department of Health's rights to vary product licences began in the Appeal Court on Tuesday.

The Department is challenging a High Court ruling in February in which Lord Justice Glidewell and Mr Justice Pill quashed licence decisions taken by the Department last November. Those decisions would have restricted the use of mianserin hydrochloride and, in particular, Organon's Bolvidon tablets among the over-65s to patients who did not respond to other anti-depressants or who suffered from glaucoma or prostrate trouble.

The Health Department decision aimed at restricting the use of mianserin followed reports alleging circulatory disorders in patients taking it. The Health Department action was challenged by Cambridge-based Organon Laboratories who argued that there was no compelling evidence that their product was any less safe than any other anti-depressant and the High Court quashed the Health Department move and upheld their challenge.

The judges ruled that the Department was wrong in not taking into full consideration the comparative safety of mianserin in overdose. The case had led to the Department having to delay publication of a repeated warning in "Current Problems".

The appeal opened with legal argument and is expected to take four days. The judges are then likely to reserve giving their decision until later.

Manchester MSc course under development

Substantial progress has been made towards setting up an MSc course in industrial pharmaceutical sciences at Manchester University.

Dr Ray Longworth has been seconded from ICI Pharmaceuticals to develop the course programme and has written to companies asking for suggestions. He can be contacted at the department of pharmacy, University of Manchester, Coupland III Building, Oxford Road, Manchester M13 9PL. The results of the questionnaire are to be discussed at the Royal Pharmaceutical Society

Community pharmacists have a major role to play in the fight against heart disease, says the Pharmaceutical Services Negotiating Committee.

Over 1,500 cholesterol tests have been carried out by the six participants in the pilot study (C&D, June 3, p948). The average number of tests is 35 per week and an appointment system has been necessary. So far about 60 per cent of those screened have been found to have a cholesterol level of 5.2mmol/l or above, the maximum safe level laid down by the European Atherosclerosis Society. Nearly a quarter had a level over 6.5mmol/l and would have been advised to see a doctor.

These results are in line with indicators that about two thirds of the UK population have raised cholesterol levels, putting them at risk from coronary heart disease. Participants have found the trial a rewarding expansion of their professional role, says PSNC. Clients are reported to have been well-motivated, with some returning for retests with lower cholesterol levels, indicating proper dietary and lifestyle counselling had been given. However PSNC has found that the £6 fee charged by the trialists is not enough to cover the professional counselling time.

A major criticism at the launch of the scheme had been pharmacists' ability to carry out proper counselling. "Community

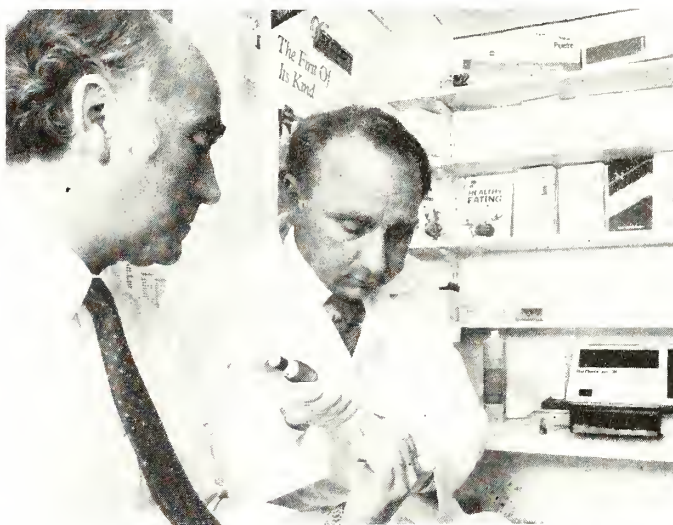
headquarters in London on October 3, according to the Industrial Pharmacists Group newsletter.

A salary survey of pharmacists employed in industry is being conducted by the Society's industry group.

Returns need to be made to the Society by October 20. The results should be available by the New Year. The survey is carried out every two years.

■ The University of Keele has entered the field of pharmaceutical education. A two year course leading to a diploma in clinical pharmacy starts in the Autumn.

PSNC lipids trial backs pharmacy role



Sheffield pharmacist David Archer takes a blood sample for cholesterol testing

pharmacists can offer a public cholesterol testing service in a professional environment with appropriate counselling of clients," says PSNC. A full report will be produced at the end of the trial period.

Further support for pharmacists comes from Dr Neil Duchar writing in last week's *Pulse*, who visited a Holland and Barrett shop offering the test, and Jenny MacVicar, one of the

participants in PSNC's study. Lipidologists have strongly criticised advice given by the health food shop assistant to a person in the moderate risk group: "step up intake of oatbran and vitamin B3". This advice could do more harm than good, according to the report. In contrast Jenny MacVicar "presented immaculate dietary advice" leaving no stone unturned, said Dr Duchar.

Old reference books wanted in Pharmaid Week

The Commonwealth Pharmaceutical Association aims to collect some 10,000 BNFs from community and hospital pharmacies, in the third Pharmaid Week organised for November 6-11. The Association is also asking for copies of the 28th edition of Martindale. These and copies of the 16th (brown) and 17th (purple) BNF editions will be sent to Commonwealth developing countries.

Van drivers from AAH Pharmaceuticals' wholesale companies (Vestric, Hill Pharmaceuticals, Ayrton Saunders, Herbert Ferryman, Mawson and Proctor and Northern Pharmaceuticals) will collect the copies during Pharmaid Week, when pharmacists will have received the BNF 18th edition.

Doctors are being urged by the Commonwealth Medical Association to give pharmacists their old BNFs when they receive the new, and the CPA is calling on pharmacists to approach their medical colleagues in advance of the collection.

The collected copies will be despatched with the help of Ranfurly Library Services, to health professionals and educators in Third World countries. "Each of the recipients of the 14,000 BNFs despatched during the last two years has expressed great appreciation of this tangible contribution by British pharmacists to the provision of health care in developing countries. CPA needs your help once again to save and re-use this valuable information resource," says secretary Mr R. Dickinson.



You'll rest easier this winter if you're well stocked with Karvol.

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Not surprisingly, the campaign is back on air, supported by our new Mother and Baby press campaign.

Both show how Karvol's vapours unblock a child's nose helping him sleep more easily.



So, if last year is anything to go by, the demand for Karvol will now be even greater.

Make sure you've ordered our packs of 10 and 20. After all, you don't want to be kept awake worrying whether you've stocked enough.



Karvol says goodnight to a child's blocked nose.

Pharmacy sales under threat

Pharmacists may lose their exclusive rights to sell Pharmacy only medicines if they cannot show that benefits to consumers outweigh any disadvantages. Pharmacists have lost control of OTC medicine sales in the United States where there are only two categories of medicine — those available only on prescription and those on sale anywhere.

This warning came in a presentation at this month's FIP Congress in Munich by British Generic Manufacturers Association director Alan Smith.

Although Mr Smith felt pharmacists did not have true monopoly control over medicine sales, because they supply only 75 per cent of medicines used in the UK and do not control prices of branded medicines, for example, he nevertheless thought pharmacists could learn from the experience of opticians.

The monopoly of supplying spectacles was broken because it was felt prices were too high because of lack of competition. Mr Smith said the legal attitude to

monopoly is that it is always anti-competitive and therefore must be justified on the grounds of public benefits and must not be exploited.

In July the Government issued a White Paper on restrictive trade practices saying "...the legislation will provide an effective deterrent against price fixing, market sharing and other agreements which prevent the full operation of competition in an open market. It will, however, recognise that particular kinds of agreement may (while restricting competition) produce benefits for the economy as a whole and consumers in particular." Where these benefits are judged to outweigh the detriments an agreement may be permitted to operate.

"Therein lies the salvation of pharmacy. If it can prove that by restricting the number of outlets and by restricting certain products only to pharmacy, the benefits

outweigh the disadvantages as far as the public is concerned, then the current agreements — including resale price maintenance of over the counter medicines — may remain. But the onus will be on the profession to prove the consumer benefits, particularly the availability of consumer advice," Mr Smith said. "It is this ability to provide advice on medicinal products which is the foundation of our profession's future."

Mr Smith concluded that "a much greater danger to the public than the alleged pharmacy monopoly is the complete monopoly of government over the policies that determine which products are available (through product licences); the distribution of these products; the fact that 97 per cent of medicines are on the NHS, and the absolute control over the pricing system."

"The abolition of mark up in Australia [see **News** last week] and the detrimental changes in remuneration in Denmark, Holland and Germany are an indication that patient benefits are much more vulnerable to government policy than alleged monopoly", he said.

Diabetes reports mislead

Media coverage of advice on carbohydrates for diabetic children may be misleading.

Coverage of the BDA's dietary recommendations issued last month, implied that it was safe for children to eat sweets and sugary foods. But the BDA says the report was taken out of context. The rationale for total avoidance of table sugar is dubious, says the report, and it recommends adding a teaspoon of sugar to improve acceptability of prescribed meals, which may otherwise be unpalatable.

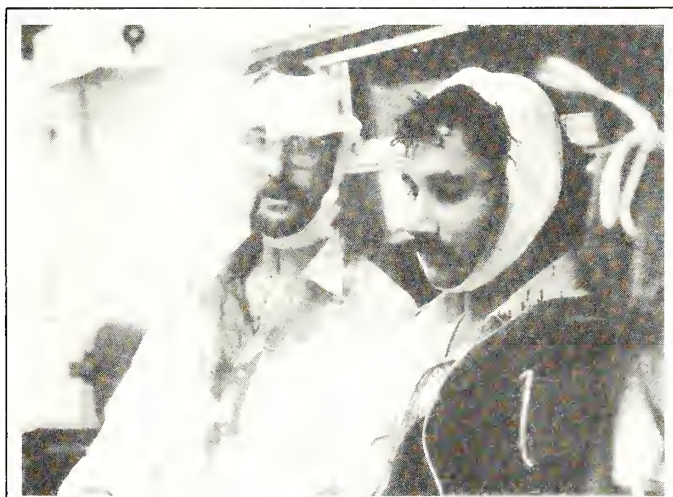
The guidelines are not a reversion to an uncontrolled free diet, and the BDA is not encouraging children to eat large amounts of sugary foods and sweets. "A modest intake of sugary foods spread throughout the day as part of a balanced, prudent diet, is in line with national recommendations for a healthy diet" says the Association.

Minister of Health for pharmacy dies

Lord Trafford, the Health Minister who died last week aged 57, was responsible for pharmaceutical issues at the Department of Health.

His areas of responsibility were announced in August (*C&D*, August 12, p226), following his appointment as a second Minister of State earlier this year. The secretary of the Pharmaceutical Services Negotiating Committee, Steve Axon, told *C&D*: "Lord Trafford was, unfortunately, not in the post long enough for us to consult him. He had, however, accepted our invitation to the PSNC dinner this year."

Following speculation in *The Sunday Times* last week, a spokesman at the DoH said: "It is too soon to say who will replace Lord Trafford. On Mrs Thatcher's return from Japan, the Government will appoint someone or re-allocate Lord Trafford's responsibilities."



Pharmacists Paul Littman (left) and Lalit Shah were beaten with an iron bar at Martin's Chemists, Brunswick Square, just behind the London School of Pharmacy. The attack, during which a purse was stolen from the staff room, took place about 3pm last Wednesday. A man and a woman have been charged with attempted robbery

World pressure on drug costs

Community pharmacists in other countries face economic problems and social changes greater than those seen here.

UK delegates to the Community Pharmacy Organisations conference came to this conclusion when they met prior to the FIP at Saltzberg, Australia, Canada, USA, Eire and South Africa were among those countries represented.

The Australians were threatening strike action (see **News** last week) following a move to reduce their income from prescriptions by more than 25 per cent.

In the USA they fear a storm over uncontrolled drug prices as American patients are said to be subsidising the lower prices being fixed in other markets.

In the decentralised Canadian health service, Suskatchewan has introduced a smart card which even pays reimbursements. And in South Africa 2,700 pharmacies face 4,000 registered dispensing doctors, who purchase drugs at less than wholesale price and sell them on to patients at a 5 per cent discount.

Regaine for 'rich and patient'

Upjohn have refuted claims that their hair restoring lotion Regaine is only for the rich and patient.

The assessment comes in the latest *Drug & Therapeutics Bulletin* which concludes that although topical minoxidil can increase hair growth, it is rarely of cosmetic value. The cost of treatment and small chance of growing and retaining re-grown hair makes Regaine an indulgence, concludes the

Consumer Association's *Bulletin*. "It is quite rightly not available on NHS prescription", it says.

When applying for the licence, Upjohn specifically requested that it was not made available on the NHS, a spokesman told *C&D*. The company has received hundreds of letters from people who are happy with the results. "The £30 it costs per month is less than some men pay for cigarettes."

NI merchant fined £3,500

A Northern Ireland agricultural merchant has been fined £3,500 for possessing illegally imported medicines.

Mr William Bernard McCartan, a registered agricultural merchant, trading as Ballyward Farm Supplies, of 12 Ballydrumman Road, Ballyward, Castlewellan, has been prosecuted by the Department of Health and Social Services for Medicines Act 1968 offences.

On September 14 he was fined a total of £3,500 in respect of seven charges relating to the possession of illegally imported medicinal products and the sale of prescription only medicines.

Red Book update

The following updated information for the "Chemist & Druggist Reference Book 1989-90" has been drawn to our attention.

In the table "Head lice treatment: area by area" on pages 65, 66 and 67 the following contact telephone numbers are: East Cumbria, tel: 0228 24122; Forth Valley, tel: 0786 63031 ext 261; Pontefract, tel: 0977 600600 ext 6337; Richmond, Twickenham and Roehampton, tel: 01-672 1255 ext 51578; Wakefield, tel: 0924 375217 ext 2264; Wandsworth, tel: 01-672 1255 ext 51578. The insecticide recommended by Dumfries and Galloway Health Board changed to carbaryl in April as scheduled. The next review is due in January 1992. The Highlands Health Board is now also recommending carbaryl but a date for the next review has not yet been set.

On page 35, under "Drug information services", pharmacists in Dumfries and Galloway Health Board should initially contact their local drug information pharmacist Mrs G.P. Burgess at the drug information centre, Dumfries and Galloway Royal Infirmary, pharmacy department, Bankend Road, Dumfries DG1 4AP. Tel: 0387 53151 ext 483.

It should be noted that licences for API (Suppliers) Ltd, published in the 1988-89 edition (p118), are still in force.

Price service The PIP code for the Numark super absorbent nappies toddler 10's in the *C&D Price List* should read 241-224, not as shown on their packaging. We apologise for any inconvenience.

TOPICAL REFLECTIONS

by Xrayser

Two-tier injustice

You can imagine my surprise when in the mail this week, following my simple little remarks about the doubtful economics of our supplying appliances — primarily colostomy products — I received some most revealing notes. In one I was advised to get "my most junior assistant" to look up the new so-easy-to-use Drug Tariff (you know, the one I was so pleased to say was now intelligible?) and show me just how payments were made! Several gave me worked examples which prove with little room for doubt that I'm not the only one who has reservations.

One example is worth passing on, since it highlights the unacceptable difference between pharmacy contractors and appliance contractors for giving an identical service.

For three boxes at Tariff price £47.38 (total cost £142.14), after allowing the same wholesale discount the pharmacy would make a maximum profit of £11 and the appliance contractor a minimum profit of £36.69. (See **Letters** for a similar calculation).

Now anyone can see there is a vast difference. With this pricing structure, should we be surprised to find people — Salts or anyone else in the business of handling colostomy apparatus — going after the scripts? With margins like that they can well afford to put in area "advisors" to siphon scripts away from the pharmacy contractors. However, in my view, dissimilar contracts for the supply of identical services must be directly contrary to Government's declared policy. It is discriminatory. The net effect is to diminish the ability of the 10,000 or so pharmacy contractors to supply easily what is required of them. It



automatically encourages the transfer of this class of business into the hands of privileged appliance contractors and will inevitably cost the DoH more, much more.

It is time this problem was tackled head-on by PSNC for, depending on our source of supply, the discounts we are supposed to get are by no means always available. Many of us barely cut even. It would be interesting to know if we are obliged under contract to supply, and whether we can register as appliance suppliers.

More tears over pricing


A pharmacist has written to me suggesting some manufacturers are operating a two-tier pricing structure regarding the supply of their products to pharmacy wholesalers and contractors, as opposed to their supply direct to another national contractor.


He seems to think a famous national plc is supplying Penbritin on scripts for ampicillin, Aldomet for methyldopa, Flagyl for metronidazole and Euglucon for glibenclamide, from which he infers there must exist a differential pricing structure. This leads him to wonder if the drug companies may be charging the NHS too much for their products via their regular list prices?

Having recently looked at shares in that vast and growing plc, I am tickled pink to think of a management sharp enough to have negotiated such a splendid deal, though of course I share his deep but disinterested concern that anyone could put one over the DoH. If the correspondent could produce proof of what he says then perhaps it could be used productively!




Help enlighten all the migraine sufferers who are in the dark

 Many sufferers do not realise that vomiting, visual disturbances and a severe pain in the head are actually symptoms of a migraine. Together, we can help them see that it's migraine by revealing the correct diagnosis and right treatment.

 Recommend Migralift, which has a clinically-proven formula based on the most highly

recommended migraine-specific treatment. Migralift is the only migraine-specific treatment available OTC.

 A major new £3/4 million full colour advertising campaign will create a heavy demand. Hand them Migralift and don't disappoint them with an alternative. Then they won't be in the dark any longer.

Migralift

The only migraine-specific OTC treatment



For details of our attractive launch bonus and counter prescribing information please contact International Laboratories Ltd., Floats Road, Wythenshawe, Manchester M23 9NF. Telephone 061-945 4161.

Appliance pay unjust

It was with great interest that I read Xrayser's comments on the service available from appliance contractors. As managing director of a pharmacy that specialises in surgical products and aids for disabled people I have felt, for a number of years, that we should be able to compete by employing an ostomy nurse and offering a more comprehensive service. Whenever I costed the operation, however, I always ended with a gigantic loss and so dismissed the idea and sat back waiting for all the appliance contractors to bite the dust when economic reality set in.

Years passed and this did not happen — in fact they seemed to prosper and multiply. Eventually I had to resort to the Drug Tariff and there on page 28 lies the answer. Appliance contractors receive an on-cost which starts at 25 per cent for the first 500 items and at its lowest only reaches 15.8 per cent!

Taking an example of a pharmacy dispensing 50 ostomy items at an average of, say, £40 each and assuming the pharmacy is discounted 8 per cent, 5 per cent of which he recoups from his suppliers, then:

	Pharmacy	App. Con.
Tariff value	£2000	£2000
On-cost	£ 100 (5%)	£ 500 (25%)
Less discount	£ 160 (- 8%)	
Fees	£50 (50 @ £1)	£1 (50 @ 2p)
Total	£1990	£2501
Actual cost (say Drug Tariff less 5%)	£1900	£1900

Gross profit £	90	£ 601
Gross profit	4.5%	24%

It is obvious from these figures that it is impossible for a pharmacy to generate sufficient profit to fund the service, and that, at the moment, ostomy supplies are being subsidised from profits generated by other activities.

At last year's Unichem Convention it was stated that each stomist *not* visiting a pharmacy represents a loss to the pharmacy of £500 of annual turnover. From the figures above, this suggests a loss of £22.50 gross profit, whilst the appliance contractor will gain £120 gross profit!

If we are not to lose the whole of the appliance business (the ostomy section being worth £40-£50m a year) to appliance contractors, then it is essential that PSNC negotiates for appliance items to be priced as for appliance contractors. This may mean restricting the number of outlets and may mean that

participating pharmacies would have to provide a fitting room, undertake product training and offer a domiciliary service, but this is little different to the funding of the oxygen service.

I feel strongly that this is an area in which pharmacy should be involved and it is up to all contractors to make their feelings known to PSNC so that they can negotiate a financial framework to enable community pharmacists to develop this aspect. Sheffield LPC put forward a resolution along these lines at the last meeting of LPC representatives. PSNC agreed to "take it on board" but pointed out it was more likely that appliance contractors' remuneration would be reduced rather than ours increased.

I tried a different tack — "if you can't beat 'em join 'em". I applied for an appliance contractor's contract for our "Handicapped Living Centre" next to our pharmacy. This was dismissed by the pharmacy practices subcommittee as not being "necessary or desirable" as there is a pharmacy next door!

I notice that many of the appliance contractors work on a mail order basis, so would it be feasible for a pharmacy co-operative to take over an existing small appliance contractor and offer a nationwide service to patients via pharmacies with some form of annual rebate for each prescription. I'm sure that it could be argued that this is in breach of our Terms of Service, however, unless something is done quickly, the vast majority of the ostomy business will be lost to pharmacy.

Martin Bennett
Sheffield

Mike Brining, PSNC financial executive says: PSNC has already proposed to the Department of Health that there should be a special review of appliance fees in the next round of negotiations. However, the raising of these fees to achieve a level of remuneration paid to appliance contractors will be expensive in terms of pre-empting available resources and this is a question on which the PSNC will have to take a view in due course.

A fair return?

The item headlined "Rewards from blood testing service" (C&D September 2) has just come to my attention.

No one could doubt the professional satisfaction to be derived from such a service and doubtless the goodwill generated is considerable. However, to describe the £6 per half hour earned as "financially rewarding"

is rather far fetched. This rate of pay coupled with the capital cost of the apparatus and the value of the space involved strikes me as a recipe for bankruptcy.

D.S. Pearson
Managing director,
Mills Pearson, London SW1

Privatisation

During June 1986 the British Pharmaceutical Association (UK) predicted most of the problems facing the profession today. Your editorial comment last week, vindicates BPA (UK) policies.

Privatisation has been a cornerstone of this Government's policies. To deviate from that would need heavy political pressure. Pharmacists would therefore be forced into privatising unremunerated services through the backdoor in the same way as they had to accept parallel import policies.

The profession has been, and will be, taken for granted by every Government. The negotiators and the guardians of the profession are solely responsible for our state.

Jayanti Patel
Secretary, BPA (UK)

Un-friendly?

It is a sad day for most of the long serving members of Unichem when the registrar of Friendly Societies declares a strong presumption that Unichem can no longer be regarded as a *bona fide* co-operative. It is being allowed to continue only by special dispensation so as not to inconvenience the innocent, current members.

With many other small account members I was summarily expelled by Unichem directors last year, shortly after a rule change introduced without consultation, in a period when, from the registrar's report, Unichem were probably already not acting as a Friendly Society.

When I joined Unichem in the early 70s, I did so to enjoy the benefits and principles of mutuality, the concept the Industrial and Provident Societies Act was intended to protect. We members lost the protection it seems, when our memberships were cancelled, but I intend to make further inquiries to see if I can invoke the protection and benefits to we are entitled.

P.M.W. Clarke
Dorchester

Proflex Capsules straighten out back problems



hour after hour after hour af

Proflex Sustained Relief Capsules
provide effective relief
for up to 12 hours

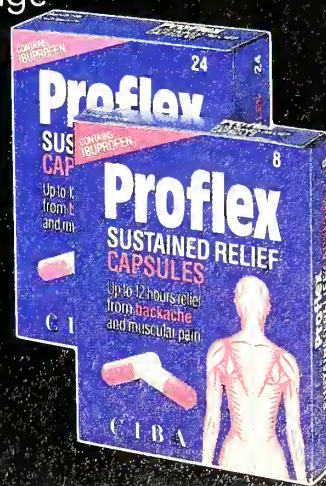
Proven anti-inflammatory action of
ibuprofen reduces stiffness
and tenderness

Increase joint flexibility/
Improve sleep

Good tolerability profile/
Simple dosage

Available in a pack of 24 and
a trial size of 8

C I B A



COUNTERPOINTS

Orlane exfoliate

Orlane have introduced a gentle exfoliating cream which is said to free the complexion of dead cells.

The cream contains fine granules of polyvinyl chloride. It also contains moisturising agents sesame and sunflower oils and vitamin F. *Orlane Ltd. Tel: 0252 724090.*

Mixed doubles

Mixed Doubles has been introduced into the Colorfast range of cosmetics.

Available from October until January, the new range comprises four combinations each in three complementary shadeways.

It includes double ended lip gloss in three shades, double ended mascara, double ended mascara/eye shadow and double ended eyeliner and eyeshadow. (All £4.95). *Max Factor Ltd. Tel: 0202 524141.*

Buddettes shape up

Kirby Warrick Pharmaceuticals have launched buddettes, shaped make-up buds in packs of 130.

The buds come in outers of 12 (£7.54) and retail at £0.99. *Kirby Warrick Pharmaceuticals Ltd. Tel: 0638 716321.*

Warm up

Combe International are selling in their Winter insoles with activated charcoal Odoreaters foot warmers, with extra discounts available through wholesalers.

The one size cut-to-size insoles (£1.99 a pair), will be supported throughout the Winter with a campaign in the national Press. *Combe International Ltd. Tel: 01-680 2711.*



New look for Simplicity

Kimberly-Clark have redesigned their Simplicity range, extended the choice on Freedom towels, and are taking account of environmental issues.

The company is aiming to bring personal hygiene "out of the closet" by replacing pastel colours with stronger ones and using clearer illustrations. Individually wrapped products now come under the Simplicity Freedom brand name and a full size towel has been added to the range. One third of Simplicity full-size, press-on towel users also buy individually wrapped towels,

say Kimberly-Clark. Freedom size 1 is packed in 16s (12 £13.78).

Responding to environmental concerns surrounding sanpro, towels are now made with pulp which does not use a chlorine bleaching process, and optical brightening agents are no longer used. A "Caring for the environment" logo is included on packs and leaflets are available. An advertising campaign with a £2.5m spend is planned for 1990. Using television and the women's Press, women aged 18-34 will be targeted. *Kimberly-Clark Ltd. Tel: 0622 717700.*

Rubinstein's eyes and face

Helena Rubinstein have introduced Volumatic, a mascara for darkening and thickening the lashes, along with a range of six cleansers and toners.

Volumatic has a cream formula and is said to contain contact bio-proteins for cohesion. It comes in black, blue, navy, brown and green.

The mascara is said to be smudge, cake and flake proof and it can be used to create a three

dimensional "volumatic" effect.

The range of six cleansers includes aqua cleanser (£12.50), a cleansing gel; pureness gel (£12.50), an exfoliator; deep cleanser (£12.50), a hydrating milk; tender lotion (£7.95), an eye-make up remover and soother; honey tonic (£12.50), a toner and nourisher and herbal extract (£12.50), a hydrating lotion for dry skins. *Helena Rubinstein. Tel: 01 979 7744.*

It's a gift

Max Factor are offering Christmas gift sets in the Miners range.

The sets (£2.99) come in four contrasting combinations and all include a big build up mascara, nail polish, swivel lipstick and eye

colour.

Colours include reds, browns, pinks and greys. *Max Factor Ltd. Tel: 0202 524141.*

Nice-Pak International have appointed Pitman Agencies as sole agents in Northern Ireland for Pudgies super thick baby wipes and Nice 'N Clean baby wipes. *Nice-Pak International. Tel: 0634 290773.*

Scholl steps into 1990

Scholl will be revealing their 1990 footwear range at Chemex tomorrow with several new lines on show.

The range includes the leather look massage sandal (£18.99) which comes in white with a blue trim. The sandal has a "bubbled" footbed which is said to lightly massage the feet. It is described as particularly suitable for outdoor use.

The Soft-Step range has been given a new look for 1990 with a new sling back style and a cut out design. This comes in deep blue and retails at £25.99.

The men's fitness massage sandal (£13.99) is made from antibacterial, waterproof material and has a ribbed, contoured footbed to stimulate the feet.

The men's flat black sandal (£23.99) is said to be perfect for indoor or outdoor use and comes complete with an adjustable strap.

The Active range has been updated in four colours with air cushioning for extra comfort, say Scholl. Although the range has been updated, the price will remain at £25.99.

The exercise sandal (£18.99) comes in hand crafted beachwood and a towelling sandal for women (£16.99) is said to be "ideal for around the house". It comes with a low heel and non slip sole. All sandals in the Scholl range come in sizes 3 to 8. *Scholl (UK) Ltd. 01-253 2030.*

Heady protection

Headline Plus have introduced into the UK Headliner, a hair and make-up protector made by Betty Dain Creations.

The hood (£3.50) is described as the perfect means to protect hair and make-up when trying on clothes.

It is anti-static, machine washable and has a side zip. Available from October, the hood comes in seven pastel colours. *Headline Plus. Tel: 01 968 6633.*

rescribing information
presentation Each 5ml contains 120mg Paracetamol BP
ses For the relief of pain (including teething pain) and
verishness. **Dosage and administration** Children 3-12
months: 2.5-5ml four times daily; 1-6 years: 5-10ml four
mes daily. Not more than 4 doses should be
lministered in any 24-hour period. Do not repeat doses
ore frequently than 4-hourly. **Dosage for children under**
months: At physician's discretion. **Contra-indications,**

warnings, etc. **Contra-indications:** None known.
Precautions: To be used with caution in the presence of
renal or hepatic dysfunction. **Side- and adverse effects:**
Side-effects are rare in therapeutic doses. Reports of
adverse reactions are rare and are generally associated
with overdosage. Isolated cases of thrombocytopenic
purpura, haemolytic anaemia and agranulocytosis have
been recorded. Nephrotoxic effects are uncommon and

have not been reported in association with therapeutic
doses except after prolonged administration. Overdosage
may cause hepatic necrosis. **Basic NHS costs** Calpol
Infant Suspension: 1 litre, £4.32 (PL3/5067). **Sugar-Free**
Calpol Infant Suspension: 1 litre, £4.32 (PL3/0244).
Further information is available on request.
The Wellcome Foundation Ltd
Crewe, Cheshire



CALPOL NEWS: NEW PACK, NEW PRICES.

From 12th September 1989 the 1 litre
Calpol Infant Suspension dispensing pack will be
priced at the new level of £4.32.

On the same date Wellcome will also be
introducing a new 1 litre Sugar-Free Calpol Infant
Suspension dispensing pack, again at £4.32.

The price of these packs is
equal to the Drug Tariff price of
paracetamol suspension,
and it is our understanding
that pharmacists will be
expected to use these
Calpol 1 litre packs
for dispensing all
NHS prescriptions
for Calpol.

This price equivalence will also make it
economical to meet all generic prescriptions
for paracetamol suspension with one of
the above branded Calpol suspensions.

Stocks are available now from
your usual wholesaler.



This year we're really sticking our neck out ...



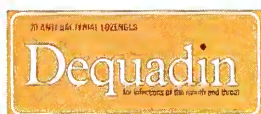
And it's costing us nearly £500,000 to do it.

*In an extensive press campaign "Knotty Nigel" will be working hard to persuade your customers to ask for new **Dequacets** by name. In addition, radio coverage will be promoting the Dequa range.*

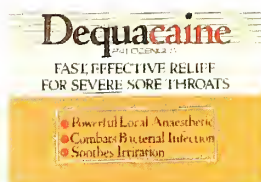
Place your order now via your local wholesaler or Evans representative.



When a sore throat comes with a stuffy nose.



For soothing all the family's sore throats.



For severe sore throats.

EVANS - Keeping ahead of the competition

COUNTERPOINTS

Rimmel's Neon shades in compacts

Rimmel have introduced Neon lights — two compacts containing 11 colours, for Christmas.

They are black and come complete with a mirror and double-ended applicator.

The compacts are: sky lights and sun lights (£2.99 each). The former offers shades of blues, greys and pinks, and the latter contains browns, beiges, fawn and gold.

Also in time for Christmas, Rimmel have added 12 new colours to their lips and nails range.

The colours will be added to Colour Plus lipstick, available at a special offer price of £0.99; Fashion Plus nail polish (£0.75); and Fashion Plus lipstick (£0.79). The shades will be available from November. *Rimmel International Ltd. Tel: 01-637 1621.*

Yardley is sheer for eyes

Yardley have introduced ESP sheer colour mascara to complement their existing clear mascara.

The mascara (£2.75) is said to add a hint of colour without clogging and caking the lashes. It is fragrance free and smudge proof.

Colours available include blue, green, black and brown. The mascara will be available at an introductory price of £2.25. *Yardley of London Ltd. Tel: 0268 22711.*

It's so light

Light and Natural mousse is the latest foundation in the Max Factor range.

The light make-up mousse is said to be water based with UVA and UVB sunscreens to protect the skin.

It comes in an ozone friendly pump action container which pre-measures the amount required for each application.

Light and Natural (£3.99) is available in five shades from the beginning of October. *Max Factor Ltd. Tel: 0202 524141.*

Mini Quant

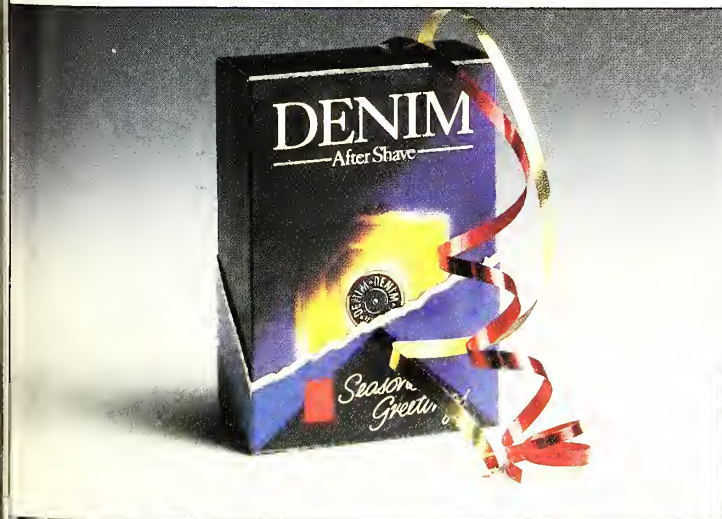
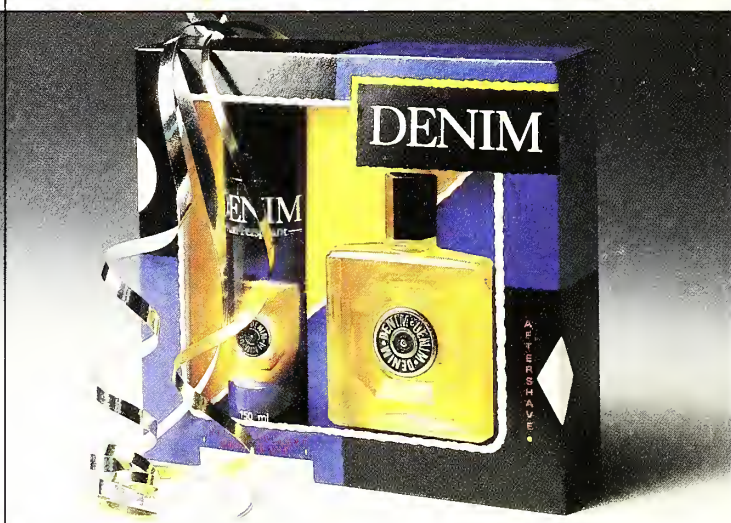
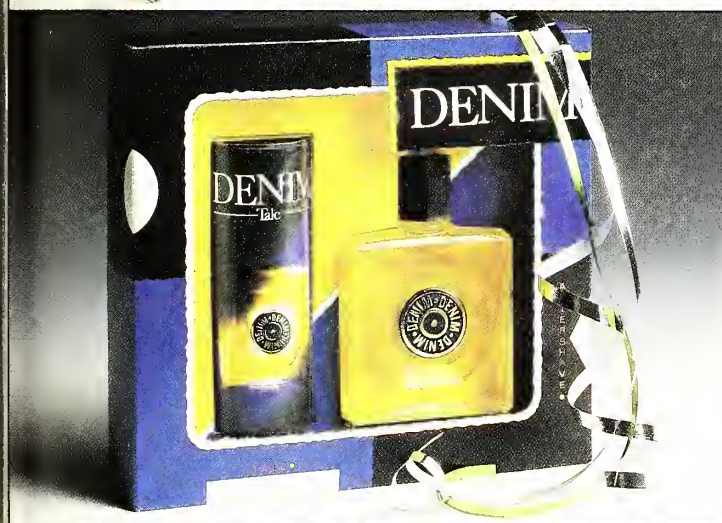
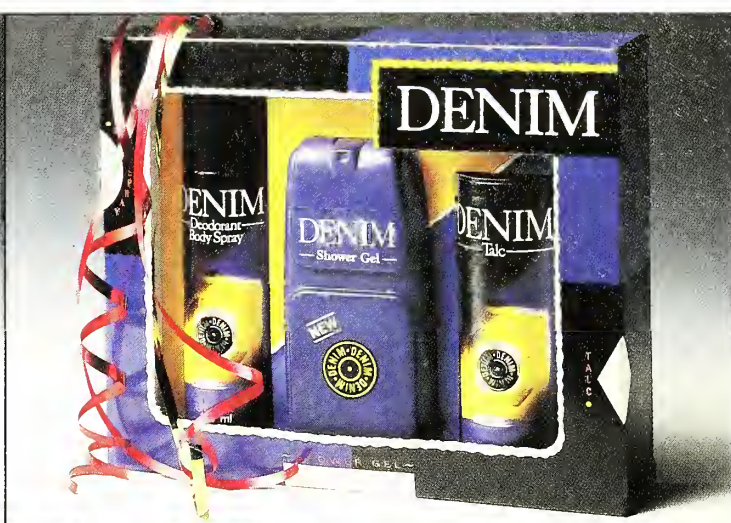
Mary Quant's Colour Rich lipsticks will be available in mini-size packaging starting mid-November until the end of December.

The lipsticks will be available at a special price of £1.25 (full size £3.75) and come in 15 shades, including Tokyo rose, bloody mary, raspberry mousse and coral splash. *Max Factor Ltd. Tel: 0202 524141.*



Ray Matthews, Chairman of Wassen International is pictured opening some of the 14,000 letters received in response to a free editorial offer for Magnesium — OK run in the Daily Express. The first 5,000 applicants received a 30-day pack of Magnesium OK

DENIM PACKS 'EM IN.



Now Denim is launching 5 ready gift packs for Christmas, specially designed for maximum shelf impact.

Backed by a major £600,000 TV and radio campaign, they'll have mega media impact too.

This Christmas, make sure you pack 'em in and your customers will move 'em out.

New research study results

How chewing gum rapidly curtails two hour plaque acid attack



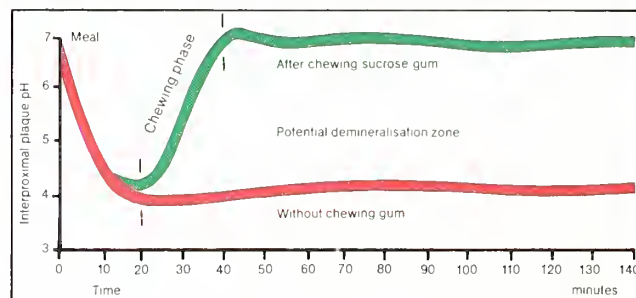
Most meals and snacks increase plaque acid production.^{1,2} Research shows that this acid threat may be prolonged and the new study demonstrates that two hours or more can elapse before acid in the interproximal sites is neutralised.³ And with five or six snacks a day being quite common, many patients' teeth may be at risk for long periods of the day.

The chewing of gum after eating triples salivary flow⁴ and delivers saliva throughout the mouth, reaching even interproximal sites where carbohydrates may be trapped.¹ As a result, acid is neutralised quickly and plaque pH is returned to, and maintained, at resting levels. There is wide acceptance of this benefit from Orbit sugar-free gum where restoration of plaque pH to resting levels is known to be rapid. Consequently, attention is now focusing on whether gums containing sucrose exert a similar benefit.

The new study using Doublemint chewing gum after meals shows that once the sucrose is chewed out (generally within minutes)⁴, the gum behaves in much the same way as sugar-

free gum, with acid neutralisation being completed within a 20 minute chew period.³

Interproximal plaque pH response to typical nutritionally balanced meal with and without sucrose chewing gum.³



Since most people chew a piece of gum for at least 20 minutes these early results suggest that whichever gum your patients elect to chew after eating, plaque acid can be neutralised much faster than by not chewing.

The new research data provides further support as to why the chewing of gum for 20 minutes after eating should be considered a valuable adjunct in maintaining good dental health.



Future is rosy for haircare

Retail sales of shampoo and conditioner look set to reach £182m and £75m respectively by 1990, says the latest Retail Business report.

The entire retail haircare market is currently estimated at £560m in the report, with the lion's share of 28 per cent going to shampoos and 12 per cent to conditioners. Growth is averaging at around 10 per cent per annum.

Medicated brands still dominate the top brand shares table for shampoo, with Procter and Gamble's Head and Shoulders retaining its pole position and Vosene losing its 1985 second place to non-medicated Timotei.

Multiple grocers have increased their share of the shampoo trade to 39 per cent and their share of the conditioner market to 30 per cent, with chemists increasing their share in both sectors by 2 per cent, to 14 per cent for shampoos and to 19 per cent for conditioners.

Television remains the main medium for advertising haircare products and Press advertising is still concentrated on women's magazines.

However, the report reveals that several brands still use Press advertising only, including Sunsilk, Silvikrin and Alberto Silk.

The report predicts a rosy future for the sector and expects it to continue growing into 1990.

It claims that more innovations will be seen and that the number of variants per brand will be reduced as products for specific hair types continue to be popular.

Copies of the report, at £50, can be obtained from: *The Economist Intelligence Unit, 40 Duke Street, London W1A 1DW. Tel: 01 493 6711.*



UniChem cold relief

UniChem are launching into the OTC cold relief market with cold relief capsules.

Active ingredients are paracetamol 300mg, phenylephrine hydrochloride 5mg and caffeine 25mg.

The recommended dose is one

to two capsules every three or four hours up to a maximum of eight in 24 hours.

The capsules come in packs of 24 (£1.55), a 40 per cent profit on return say UniChem. The legal classification is General Sales List. UniChem. Tel: 01-391 2323.

New Kodak battery

Kodak have introduced a new Photolife 3-volt lithium battery the K123LA.

The compact power cell is designed for use in at least 16 models of non-SLR cameras currently available in the UK, including many models of Olympus, Nikon, Chinon and Konica non-SLR cameras.

The battery will be sold in a card blister pack (£5.99).

It will be available from mid-September. Kodak Ltd: Tel: 0442 61122.

Boss update

Following their acquisition of Boss, Revlon will be supporting the Boss fragrances with a £350,000 pre-Christmas advertising and promotion campaign starting in October.

Full colour page advertisements will be placed in the women's and mens Press, including *Elle*, *For Him*, *Punch*, *Vogue* and *GQ* as well as in *Business* the *Sunday Times* and the *Sunday Express* magazine.

The company is also planning a public relations campaign which will include product sampling and advertorials. Revlon International. Tel: 568 4466.

New Ever Ready's

Ever Ready are relaunching and repackaging their range of torches.

They will be supported with a television advertising campaign. Every Ready say the range is targeted at three user groups: home — the Visions series which is targeted at females; outdoor — the R series, at males and youth — the Lites series, aimed at the fashion conscious teenage market, where style, design and colour scheme are considered more important than practical application.

The range will be backed by a £1m television advertising campaign commencing in November, and so capitalising on the end of British summer time and the seasonal flux of gift purchases. Distributed by UniChem Ltd. Tel: 01 391 2323.



Seven Seas are promoting Minadex tonic in their first ever television campaign starting in October. A commercial will be screened on TV-am, supported with extensive press and public relations activity says the company. Seven Seas Health Care Ltd. Tel: 0482 75234.

SURE

Sure-Lax is a safe, effective and gentle laxative you can recommend with confidence.



SELLER

Available in two sizes, Sure-Lax is a sure seller. Make sure you stock it.

A SURE SHIELD FAMILY REMEDY

E G Marketing Ltd, Burton-on-Trent, Staffs



Fisons go animal crackers

Sanatogen children's vitamins have been linked with endangered animals in the latest promotion from Fisons.

Each pack of children's vitamins (30) contains free stickers of 10 different endangered species of animal.

The company is also offering a child-safe 7 inch panda with two pack fronts of the vitamins plus £3.50.

The promotion packs come on a two tier counter unit and showcards and window displays are also available. *Fisons Consumer Health. Tel: 0509 611001.*

Ernest Jackson are advertising the Throaties range, including the latest product Throaties extra, in a "heavyweight" campaign on national television in January, February and March next year. The commercial promotes the Throaties message — "one chew...medication burst through". *Ernest Jackson & Co Ltd. Tel: 03632 2251.*



Numark go extra firm

Numark have introduced an ultra firm mousse into their range of hairstyling products.

The company says that the mousse (£1.05) was introduced to satisfy consumer trends towards a firmer hold in styling products in general.

Ultra hold mousse comes in a 150ml red black and white can and offers a 25 per cent profit on return say Numark. *Tel: 0985 215555.*

Time is ripe for Liga rusks

Cow & Gate are supporting their low sugar Liga rusks with a clock promotion on half a million packs.

All Liga varieties will feature the offer on a "Fix a form" which gives details and instructions on how consumers may obtain it.

Worth £8, the clock can be obtained for £2.99 plus two proofs of purchase. *Cow & Gate Ltd. Tel: 0225 768381.*

Galen are introducing Expulin dry cough liquid on October 1. Each 5ml contains pholcodine 10mg and the dose for adults is one spoonful three times a day. Expulin comes in 100ml bottles (£2) and the legal is a Pharmacy only medicine. *Galen Ltd. Tel: 0762 334974.*

ON TV NEXT WEEK

GTV Grampian	U Ulster	SK Sky
B Border	G Granada	STV Scotland (central)
C Central	A Anglia	Y Yorkshire
CTV Channel Islands	TSW South West	HTV Wales & West
LWT London Weekend	TTV Thames Television	TVS South
C4 Channel 4	TV-am Breakfast Television	TT Tyne Tees
L.A. Looks:	LWT, C, G, ITV, C4	
Listerine:	GTV, U, C, CTV, TSW	
Nurofen:	All areas	
Panadol:	All areas	
Pearl Drops:	STV, C	
Plax:	All areas except CTV, C4 & TV-am	
Sanatogen:	CTV, STV, BTV	
Signal toothpaste:	All areas except TV-am	
Sure deodorant:	All areas except LWT, TTV, HTV, TVS, & TV-am	
Tampax:	U, STV, BTV, G, Y, C, HTV, TSW, TT	
Vosene:	All areas	

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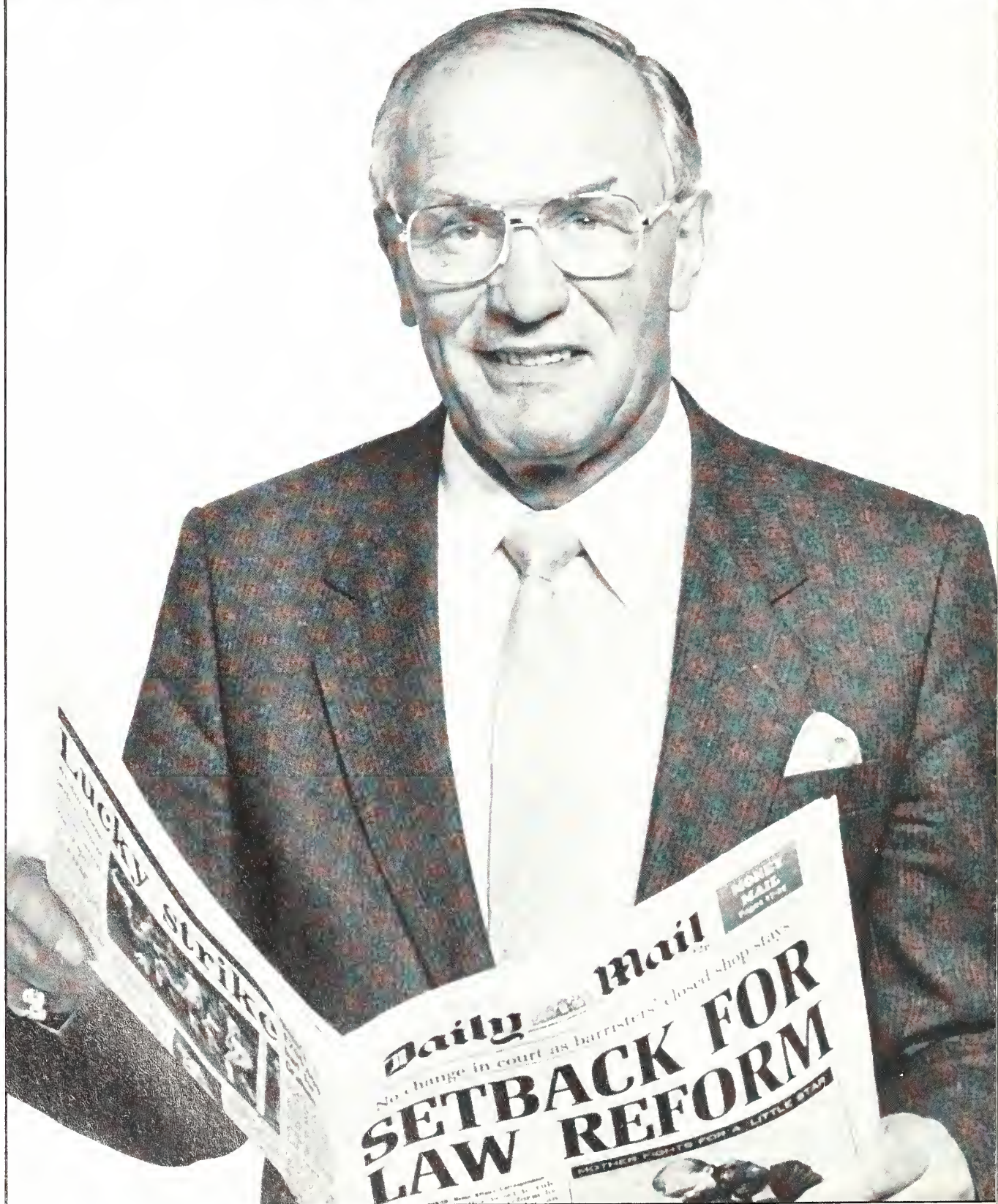
the confident way to unblock ears



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Yet Grett Easi Readers is the only brand developed
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Specially designed for the UK, using grade 'A'
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exceptional value at just £14.95 a pair.

Our space saving merchandiser containing six
modern styles in six different strengths, provides ample
choice without giving an unnecessarily high inventory.

Only made possible by our fast and efficient repeat
order delivery service from nationwide wholesalers.

Deliberately chosen to reflect the honesty and
integrity of the brand, Henry Cooper has already
taken the Easi Readers name into millions of homes
all over the UK.

Our whole page advertisements in TV
Times have directed the consumer to their

nearest pharmacy by listing our stockists in each TV region.

A list which has grown dramatically with every insertion,
putting quality reading glasses where the consumer expects
them to be, in the pharmacy.

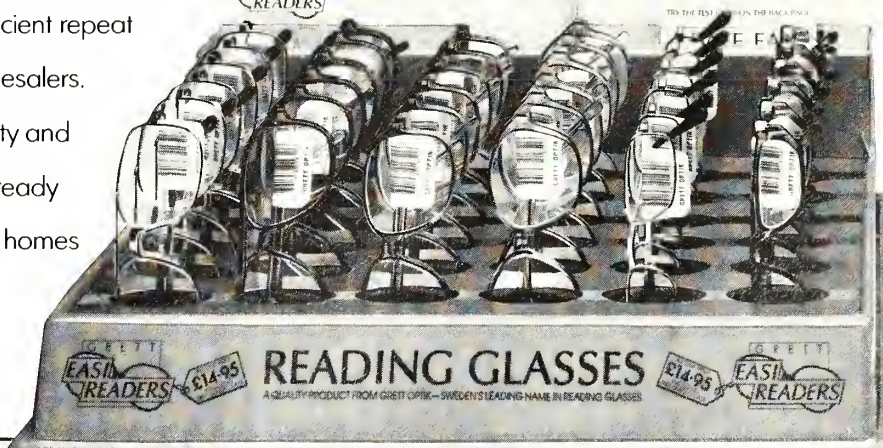
If you'd like to add your name to the list and enjoy
genuine high profit margins and fast stock turn, phone or
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the coupon below.

Together we'll keep the pharmacy the customer's first
choice for reading glasses.

**A SAFE, EASY
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 SMALL
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 Exeter, Devon EX1 1AZ. Telephone (0392) 70999

GRETT OPTIK

SWEDEN'S LEADING NAME IN QUALITY READING GLASSES

Outdoor shades

Max Factor are launching a clear lash mascara and eye colour compact into their Outdoor Girl range.

The mascara (£1.79) comes in a 12ml barrel bottle with silver graphics. It is said to be versatile enough to be used on its own or underneath a coloured mascara to seal and condition.

It is hypo-allergen and fragrance free and so is suitable for contact lens wearers, says the company.

The eye colour compact (£2.99) contains two double embossed eye shadows, a kohl pencil and a double ended applicator.

It will be exclusive to Boots stores throughout October and November and comes in two shade combinations of browns and blues.

Also available from October is the Whirls and Swirls Winter range of eye shadows and blushers.

The blushers (£1.99) come in pink dusk and sun glow and the eye shadow (£1.49) comes in three shades including blues, rusts pinks and greens. *Max Factor Ltd. Tel: 0202 524141.*

More brushing

Addis are running a consumer offer on their Wisdom range of regular toothbrushes until the end of October.

Two brushes can be purchased for £1.25 (rrp £0.69 each) and the promotional packs come in singles in outers of a dozen or in a display merchandiser of ten dozen. *Addis Ltd. Tel: 0992 584221.*



Andrex goes pastel

Scott are relaunching their Andrex toilet tissues and extending the Andrex tissue range.

The relaunch includes a new range of soft pastel shades for the toilet tissues as well as an updated pack design.

Shades available now include snowdrop white, rose pink, peach blossom, honeysuckle, cornflower blue and mint green.

The new-look packs have been formulated to reflect the softer colour range.

All six of the new shades will be available in the four roll size.

However, two roll packs will exclude the honeysuckle shade and nine roll packs will not include

cornflower blue or mint green.

A new aquamarine shade will also join the family tissue range. It will be available to the trade, along with the toilet tissue shades, at the end of September.

The relaunch will be supported by a £1.5m television advertising campaign starting mid-November. The aquamarine tissue shade will be backed by a six week advertisement campaign beginning in October in national newspapers and women's Press. Each of the press advertisements will carry a "15p off" coupon, redeemable against any of the three tissue colours. *Scott Ltd. Tel: 0342 27191.*

Four Kodak promotions

Kodak have launched four consumer promotions for Autumn and Winter, covering the whole range of alkaline, zinc chloride and lithium batteries.

A free E180 video tape is available when consumers buy three promotion packs of Xtralife batteries. This offer applies to the AA, 3A, C, D and 9V. Point of sale material is also available.

Three promotional packs are also available. In the Xtralife range there is a saving of £1.20 on 6AA batteries and £1.31 on 4C and the

High Power range offers savings of £0.65 on the 8AA batteries and £0.93 and £1.47 on the 6C and D.

Photolife batteries are being used in a promotion of a furry animal which is obtained by collecting points from packs. Finally, the Ultralife 9v lithium battery is available in a new blister packaging (£2.99).

Kodak are already advertising on TV-am and plan a consumer Press advertising campaign in the *Radio Times* in December. *Kodak Ltd. Tel: 0442 61122.*

Tough torches from Kodak

Kodak are to launch three new torches all carrying a lifetime guarantee.

The K2000 (£4.29) and K4000 (£6.49) are made of thermoplastic rubber with high resistance to impact and to the effects of grease, chemicals and water. Brighter krypton bulbs are fitted.

The K5000 (£8.99) is a lantern-type of torch made in anti-shock thermoplastic. It is suitable for heavy duty use and is provided with a safety wrist strap, and protected rocker switch. The K5000 is fitted with a halogen bulb. *Kodak Ltd. Tel: 0442 61122.*

Laboratoires Garnier's Permifique protecting perm is now available in a lotion formula. The company says the launch of the lotion (£2.99) will be supported with a £1 cash back trial offer. *Laboratoires Garnier. Tel: 01-937 5454.*

Merrell promotions

Merrell Dow have announced details of their 1989 to 1990 promotions for their Merrell Medicine Chest.

The campaign includes a consumer advertising campaign in the women's Press, including *Cosmopolitan*, *Essentials*, *She*, *Womens Own* and *Good Housekeeping*.

A range of point of sale material will also be available comprising a triple display stand displaying Merocets, Merocaine and Merothol; show cards; a patient advice leaflet and a double sided sticker for windows and doors.

The company is also running a competition for pharmacy assistants with monthly prizes until February 1, when a holiday in the Bahamas is on offer. Entry forms are available from Merrell representatives. *Merrell Dow Pharmaceuticals Ltd. Tel: 0784 461600.*

New look dental sticks are natural

Interdents dental sticks have been given a new natural look by Nicholas Laboratories and have lost their bright orange colour.

The company previously coloured the products with tartrazine. They are made from medicated Norwegian wood.

Commenting on the change, assistant product manager Katherine Rose says: "The move reflects the consumer trend towards natural products and will not affect the product's performance in any way". *Nicholas Laboratories Ltd. Tel: 0753 23971.*

Dettol mail out

Reckitt & Colman are distributing over a million sachets of Dettol wipes this month through catalogue mailings and product despatches to mail order customers.

Sachets will also be inserted into the mother and baby Press and the *Sunday Mirror*. *Reckitt & Colman Products Ltd. Tel: 0482 223141.*

ON JUNE 7TH
1989,
TOM BERWICK,
PHARMACIST,
TURNED
DETECTIVE.



On June 7th, this year, Tom Berwick received a phone call from a young man with a bit of a dilemma. He had inadvertently picked up an identical suitcase to his own at Caernarvon Bus Station.

The only clue he had to the rightful owner's identity was a bottle of medicine made out to a Mr. P. Evans—unfortunately there are over 150 Evans listed in the Caernarvon phone book alone.

The young man, using his initiative, decided to contact the chemists who had dispensed the medicine which was where Tom Berwick stepped in.

Tom, with the help of an AAH LINK computer, then turned detective. By inputting all the information from the label, i.e. date prescription issued, name of drug, patient name etc. he was able to ascertain the mysterious Mr. Evans address. Within the hour the two parties were united with their rightful property.

A unique case? (If you'll excuse the pun.) Maybe, but it's just one of the many examples of how LINK is helping Britain's pharmacists to help their customers. And LINK is just one of the many services that the AAH group offer.

We know we hold your reputation in our hands and that's a responsibility we take seriously. All day, every day, our people go out of their way to provide you with support and back-up that's second to none.

Call your local AAH Manager today and we'll prove it.

This advertisement is based on real people and events. For the sake of confidentiality, names and locations have been changed.

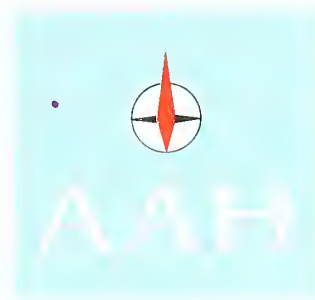
VANTAGE

LINK
PHARMACY
SYSTEMS

HILLCROSS
GENERIC

THE
HEALTH CARE
CENTRE

STATIM
FINANCE LTD



PHARMACEUTICALS
LIMITED

We're always there,
we always care.

Conotrane promotion campaign

Windsor Pharmaceuticals have introduced point of sale material for Conotrane medicated cream as part of a promotion campaign running from September 25.

The package includes a free counter display unit, shelf edgers and holders for their nappy rash leaflet.

An extensive public relations campaign and a support programme at professional health exhibitions will promote Conotrane throughout the year, say *Windsor Pharmaceuticals*. Tel: 0344 484448.

Pharmaton TV first

Unichem will be promoting Pharmaton capsules on television for the first time next week in a £150,000 spend.

The campaign will break on Monday and will run for a two week period in Thames and TVS.

The campaign is said to be part of Unichem's marketing initiative for the brand, which also includes new packaging and updated point of sale material. *Unichem*. Tel: 01-391 2323.

Hall's hotline promotion

Hall Brothers have set up a customer services hotline and are offering free Mentholyptus retail display stands to display their cough drops. This has been combined with a free camera offer "Snap Up", for retailers.

Retailers need to collect 50 proof of purchase tokens to qualify for the Hanimex 35DL camera with dual lens, built in flash and carrying case.

For 25 proofs of purchase tokens the retailer will receive a Hanimex 35D compact camera.

Fifteen proofs of purchase can be exchanged for a pack of 10 colour films of either 35mm or 110 format with 24 exposures.

The offer ends on March 30 1990. It is part of the company's £2m national television advertising campaign. *Hall Brothers Ltd*. Tel: 061 766 5471.

Bic on TV

Bic are supporting their Microglide performance razor with a television campaign starting at the end of October.

The company claims that the campaign will feature over 100 individual spots with an expected coverage of 4,700,000 men.

It will run on TV-am and Channel Four breakfast-time from October 23 to December say *Biro Bic Ltd*. Tel: 01-965 4060.

A Ritzy take-over

Charles of the Ritz, part of the Revlon group, have taken over the UK rights for the Montana fragrance.

From October 1, Montana will be sold alongside Ritz's two other fragrance brands — Gianni Versace and Halston.

The company will support Montana with pre-Christmas advertising which will include product sampling in women's magazines, scent strips and advertorials.

A 30ml promotional EDT spray will also be introduced to support the fragrance. *Charles of the Ritz*. Tel: 04446 6988.

Ames link

The Glucometer II blood with memory deluxe kit is now available through wholesalers.

As well as the meter, the deluxe kit contains Glucostix reagent strips, Glucolet finger pricker and lancets, Glucolog record diary, Dextro-check control solution, tissues, audiocassette and instruction guide.

New meters are smaller and faster providing a reading in 50 seconds from start to finish, say Ames. The price of the kit has been reduced to £49 (£38 trade). Educational books, a booklet on the meter and a window display stand are available from, *Ames Co Division of Miles Laboratories Ltd*. Tel: 02814 5151.

PRESCRIPTION SPECIALITIES

Kabi acquire Warticon

Kabi Ltd have acquired the marketing and distribution rights for Warticon from Cph UK. This at-home treatment for male genital warts located in the preputial space is a standard solution of podophyllotoxin 0.5 per cent (3ml £16 trade).

Kabi say a recent trial in the *British Journal of Sexual Medicine* showed that after three weeks, 84.6 per cent of patients with preputial warts had been cured. *Kabivitrum Ltd*. Tel: 0895 51144.

placed with the local AAH hospital branch. *AAH Pharmaceuticals Ltd*. Tel: 0928 71700.

Galen have introduced two bladder washout solutions. *Uriflex-C* (100ml £1.45) contains chlorhexidine 0.02 per cent and *Uriflex-S* contains (100ml £1.47) sodium chloride 0.9 per cent. *Galen Ltd*. Tel: 0762 334974.

Magnapen syrup 250mg/5ml is now dye-free. The reconstituted syrup now appears off-white instead of pink. *Beecham Research Laboratories*. Tel: 01-560 5151.

Owen Mumford are advertising their insulin pen Autopen (C&D, April 1, p527) in the next issue of *Balance*, the magazine of the British Diabetic Association. It will also be promoted to health professionals involved with diabetic care. *Owen Mumford Ltd*. Tel: 0993 812862.

Zovirax 400mg will be available in a calendar pack of 56 tablets from the end of September. Presented as four blister strips of 14 tablets, the trade price is £101.39. *Wellcome Foundation Ltd*. Tel: 0270 583151.

Cox Pharmaceuticals have introduced bromoriptine mesylate tablets 2.5mg (100 £2.16). The blister packed white tablets are marked "2.5" on one side and "B/R" on the reverse. Atenolol 50 and 100mg tablets are now orange instead of brown. *Cox Pharmaceuticals*. Tel: 0271 75001.

Ernest Jackson have acquired Special Recipe diabetic chocolate from DDD Ltd. Marketing and distribution will be carried out by, *Ernest Jackson & Co Ltd*. Tel: 03632 2251.

Iodosorb

Iodosorb ointment — the introduction of which was announced in *C&D* last week (p432) has not yet had its product licence confirmed by the Department of Health. This is not expected until mid-October. The product is not yet available. *Perstorp Pharma Ltd*. Tel: 0256 477868.

BRIEFS

Evadyne 25mg and 50mg tablets are to appear in Wyeth livery following transfer of the licence from Ayerst. *Wyeth Laboratories*. Tel: 0628 604377.

Upjohn have decreased the price of Colestid, the bile acid sequestrant, by 25 per cent to £12.54 (trade) for 30 sachets. *Upjohn Ltd*. Tel: 0293 31133.

AAH Pharmaceuticals are to become hospital distributors for Rorer and Berk Pharmaceuticals from October 2. Orders should be



The Livingston heat of the Unichem Driver of the Year competition has been won by West Calder man Jim Thompson (second right), who will compete against ten other regional winners in the final in Shropshire next month. Jim, who has been with Unichem for a year, got a winner's cup and a Sony portable cassette player. His driving prowess was recognised by sergeant Ian Dalling of Lothian and Borders Police, in practical and written tests that were also completed by six of Jim's colleagues. Pictured here, from left to right, are Bill Aitkin (who came 3rd), Bill Ritchie (2nd) and transport managers George Selvester and Derek Paget

SmithKline Beecham — 'catalyst for industry change worldwide'

John Hunter, SmithKline Beecham board member and chairman of SmithKline Beecham Consumer Brands, reflects on the July merger of Beecham and SmithKline and analyses the future prospects of the new company

The merger of two great companies — SmithKline and Beecham — each of them established international leaders in health care with a rich heritage in scientific research and achievement, will act as a catalyst of change throughout the worldwide pharmaceutical and OTC medicines industry.

Within hours of the new SmithKline Beecham company hoisting its flag we have seen Bristol-Myers and the Squibb Corporation getting together. Industry observers are now predicting that this could be the start of a wave of mergers designed to meet the growing challenge of world competition.

We at SmithKline Beecham are dedicated to the creation of a new kind of global company. By operating in 120 countries, we will be able to harvest the fruits of increased investment and develop new and innovative health care products and formulations which contribute to the general maintenance of health. Our aim is to produce more products of the highest quality with proven therapeutic benefits for mankind.

A consistent drive for excellence will be uppermost in our strategy as we look forward to continue working with the many people who have helped to make each of our businesses world leaders in health care. We start from a position of strength with annual sales of more than £3.7 billion — 32 per cent of which comes from OTC medicines and our well-known range of health-orientated consumer products.

Positive self-medication

The OTC medicines business is growing in importance, not only in the UK, but throughout the world, as government pressures to reduce the cost of health care intensifies. The economic, political and social environment for the development of new non-prescription medicines — and the opportunity to expand existing ones by range extensions and the opening up of new markets has never been more positive. Positive self-care and positive self-medication will, I believe, become a most important issue for consumers in the 1990s and beyond as governments seek to contain their costs for everyday ailments.

With our range of cold and flu remedies, cough and throat remedies, indigestion and stomach upset remedies, vitamins and tonics, analgesics and skin treatments, coupled with strong brands in oral and personal care and nutritional products, we have massive transnational brand power on which to build the SmithKline Beecham business.

Looking through this feature you will recognise many of our well-known OTC brand



names and there are many more consumer products in our strong portfolio — such as Lucozade, Ribena, Silvikrin, Vosene, Brylcreem, Macleans and Aquafresh — which will give you some idea of the scope we have to create a new kind of company.

What distinguishes us from our competitors is the way we have taken brands with a tremendous history and reputation, updated and reformulated them to meet modern consumer needs and given them a new lease of life which has been good for us, good for the trade and good for the consumers who repeatedly buy our products.

We have also proved what we can do in the marketing arena by, for example, taking two of our top OTC products in the USA — Oxy acne treatment and Tums antacid tablets — and developing them for the UK market with outstanding results. Oxy now has nearly 20 per cent of its market and Settlers Tums has achieved a 13 per cent market share building the Settlers total brand share to 33 per cent of the indigestion remedies market.

Set for worldwide growth

As a global leader in health care we are clearly looking way beyond the UK where we are already No. 1 in OTC medicines. We are particularly looking towards the USA, Japan and Europe where we already have a strong

presence but where self-medication is poised for further expansion — and we fully intend to be part of that growth.

The worldwide OTC medicines market is estimated to be worth between £12-14 billion a year at retail prices — made up of many different parts. Legislation, social services, consumer attitudes and needs differ from one country to another. The challenge facing SmithKline Beecham is to maximise the opportunities for growth, not only through product innovation, but also by tailoring products to meet specific, often regional, consumer and regulatory needs.

The opportunities for SmithKline Beecham to expand their OTC medicines business will be enhanced by the close cooperation our research scientists have with their ethical pharmaceutical colleagues. Together they will utilise their expertise in developing new products, in preparing the licensing dossiers for the regulatory bodies, and in communicating to consumers the therapeutic benefits of research-based OTC medicines.

We never forget that consumer loyalty is a major factor in the success of OTC brands. SmithKline Beecham will consistently seek to earn that loyalty — and this is *your* guarantee that our new company with the products it has — and those under development — will remain a world leader into the next century.



SmithKline Beecham See us at Chemex '89 on stand no D3

Beecham Health Care lead off with £6m Winter advertising campaign



As the No.1 OTC medicines manufacturer and the No.1 advertiser, Beecham Health Care have committed themselves to a heavyweight £6m television advertising campaign this Winter. Beecham believe that television advertising is a key medium to inform and educate the consumer on the effectiveness of OTC medicines. It is this massive investment which encourages consumers to self medicate and seek pharmacy advice.

The cold and flu market is now worth £43m and has shown 10 per cent growth over the last year. Much of the growth last year came early in the traditional cold and flu season, before Christmas, when flu was running at epidemic levels. Beecham believe that the heavy use of cold remedies last Winter will encourage their use in the forthcoming cold season.

A recent survey indicates that up to 17 per cent of adult consumers still prefer to reach for home medication for the treatment of colds and flu. It is only when the illness becomes persistent that they seek a doctor's advice.

Nurses take 30pc share

Day Nurse and Night Nurse are clear brand leaders in the serious sector of the cold and flu treatment market — they account for 30 per cent of cold and flu remedy sales in pharmacies. Overall, Nurses increased volume sales by 33 per cent last year and Day Nurse showed a dramatic 45 per cent increase. This year Nurses have an improved formulation incorporating the most effective level of paracetamol.

Beecham are investing £1.3m in advertising Day Nurse and Night Nurse this Winter using the winning slogan "Say good riddance to bad colds and flu symptoms with Day Nurse and Night Nurse".

Hot Remedies £1m TV backing

Beecham Health Care have always placed efficacy and flavour as priority elements in their Beechams Hot Remedy range. Over the last few years they have developed the most sophisticated range of flavours appealing to a wide base of consumers.

Traditionally lemon was the preferred flavour, but this year Beechams Hot Blackcurrant has shown a 20 per cent growth and the latest unique flavour Beechams Hot Honey & Lemon is finding favour with a wide consumer base.

Beechams Hot Remedies will be supported with a £1.1m television advertising campaign this Winter featuring the three great flavours. The commercial emphasises the effective, warming, soothing and comforting properties of the drink and the fact that Beechams Hot Remedies contain no artificial colours.



Powders — the stalwart

Since their launch in 1926 Beechams Powders have been the traditional remedy for colds and flu. They have served generations of families and are the stalwart remedy of the family medicine chest.

In 1988-89 pharmacy sales rose by 12 per cent proving consumers continuing loyalty to the brand.

The introduction of Beechams Powders

Capsules in 1982 added another dimension to the brand, introducing younger users, who preferred the modern presentation. From the launch, Beechams Powders Capsules with their decongestant formula have proved extremely successful and 15 per cent growth in pharmacy was recorded last year.

The famous "At the first sign of a cold take Beechams Powders and feel better" advertisement, will run again this Winter in a £900,000 national television campaign.

Innovation brings rewards for all

Beecham Health Care have always been an innovative company, with skills at developing marketing opportunities, launching new products and sustaining successful product growth which can clearly be seen in three key products launched in the last five years.



Tums put on 30pc

Setlers has always been a leading indigestion remedy and now presents a complete family care range. The traditional mint flavoured Setlers has recorded a 30 per cent brand share increase this year and success has been fuelled with the introduction of Setlers Liquid and Setlers Extra Strength.

Setlers Tums, however, is the runaway success story. Beecham again identified a new sector within the indigestion remedy market. Some seven out of ten adult consumers suffer from indigestion, and some of them simply did not like mint flavour, many therefore suffered in silence. The introduction of fruit flavoured Setlers Tums created a real alternative for consumers and attracted a whole new group of users into the category.

This Winter Beecham will invest £1.5 million on a national television campaign for Setlers.



Oxy kicks that bucket!

The launch of Oxy into the UK market heralded a whole new era in teenage skincare. The advertising tone of voice and the ability to communicate directly with the target market has allowed Oxy to take the market by storm.

With 41 per cent of 15-19 year olds suffering from spot problems and 25 per cent of 20-34 year olds, the Oxy range has now been developed to encompass an effective treatment programme and a preventative range. Under the Oxy Clean banner, consumers can take care of their skins regularly to help prevent spots, and with Oxy 5 and Oxy 10 teenagers also have two extremely effective "P" treatment products.

Impactful advertising was the key to Oxy's success. It had to appeal instantly to target users. The fun, memorable and effective bucket over the head "Blitz those Zits with Oxy" commercials revolutionised spot-care. Beecham are spending a further £1.2m on television advertising this Winter, using a combination of two impactful commercials. The original "Bucket" advertisement and a new one concentrating on Oxy Pads.

Resolve resolves!

Around 11 per cent of all adults suffer from a hangover every two weeks, of these 24 per cent are 15-29 year olds, Beecham again identified a market growth opportunity and developed Resolve. The formulation not only relieves headaches and gently settles upset stomachs, but contains glucose and vitamin C too.

The success of Resolve continues with the latest figures showing a 23 per cent increase in volume. Again, advertising has played a crucial part in the brand's development. There are not many commercials that have gained a round of applause and accolades in the cinema — just one of the many ways that Resolve was promoted to the consumer.

The innovative advertising depicting "hangover man reaching into the medicine cupboard, to be slapped round the face", identifies with the consumers' worst fears. The soothing, gentle and efficient action of Resolve is promoted as "The all in one remedy for the morning after". Beecham will be spending £1.4m on television and cinema advertising starting in September.



Stills from the latest Oxy television commercial

Selling for success the Beecham way

Motivation and teamwork is the key to success. That is the formula adopted by Brian Riley, the award winning area manager for Beecham Health Care's North West territory. Not only did his team outstandingly achieve

Beecham's "National area of the year award", but they also produced the "Salesman of the year", Chris Clarkson.

Reviewing Brian Riley's philosophy for success, it quickly becomes apparent that

three elements dominate his strategy. Firstly he believes in teamwork. He works with the team rather than "at" the team. Secondly he understands the benefits of communication. Pharmacies are busy places. He encourages his team to "inform" rather than "overwhelm". Thirdly, he knows that "reliability and service" is the yardstick by which the pharmacist will judge the company.

"The trading partnership between pharmacy and manufacturer is a vital element of success," says Brian Riley. "An effective sales representative can be a major asset to a busy pharmacist. Not only will he be able to inform on latest product/promotion activity, but he can also review a pharmacy's stockholding. Many more pharmacists are gaining real benefits from this stock and order service. Not only does it save time, but the representative quickly identifies his own products and spots out-of-stocks."

The importance of working closely with local wholesalers has been another Beecham success. One of the important contributions to Brian Riley's area, has been a new wholesaler programme piloted last year. For the pharmacist the benefits have been considerable. There are times when only a small order is needed and Beecham representatives are now able to initiate a transfer order system. Joint promotional programmes are now planned across a year, ensuring that the pharmacist preferring this buying method can take advantage of special deals.

Mr Riley knows that working together for the benefit of the community, is the result of a successful partnership between pharmacy and manufacturer.



The award winning North West Territory sales team celebrate. From left to right are Tom Best, Mervyn Stockman, salesman of the year Chris Clarkson, John Barker, Peter Wood and area manager Brian Riley

Capitalising on lost sales



David Weston

An estimated £56m of business in pharmacies is being lost because pharmacists do not capitalise on the support available from manufacturers, says David Weston, sales director of Beecham Health Care. "This lost business comes from a number of elements; insufficient product and display to capitalise on promotional and advertising campaigns; resulting in out-of-stocks and failure to attract consumers to spend more money when in the pharmacy," he adds.

Pharmacists do not always recognise their strength and market opportunity. They are in a unique position to supply and advise consumers. Most pharmacies are in prime shopping sites, they are consumer friendly, and have an ideal opportunity to capitalise on seasonal sales and special promotions.

Product displays are vital. In the window they are essential to attract consumer attention. In the store they are vital to highlight selling points and on the counter they

are the final reminder to buy. Beecham have again proved the success of balanced and impactful display support through their "Counterpoints" scheme, designed exclusively for the independent chemist. Display must be centred around two elements — seasonality and advertising campaigns. "Just in case", the very successful Summer promotion from Beecham is a typical example available to pharmacies of a seasonal display highlighting essential Summer medicines.

Another eye-catching display unit, ideal for use in windows, is being launched to focus on Winter remedies. And there will be a number of new display units for both "P" and GSL products, as well as shelf-edgers and other support pieces.

Stockholding 'critical'

Stockholdings are critical to extra profit. Advertising campaigns create considerable extra demand and lost sales through out-of-stocks are growing at a rapid rate. Recently, out-of-stocks following the Oxy television campaign ran as high as 14 per cent, and once the consumer cannot buy in a store, they rarely return. This is particularly sad as Oxy 5 and Oxy 10 can only be bought in pharmacy.

It is not only the "P" product sales that get lost but GSL as well, and this is potentially very dangerous. With manufacturers creating demand for their products through advertising and supporting brands with point of sale, they are showing tremendous commitment to increasing volume sales for the pharmacist. It is important to watch for new television campaigns — C&D run a "What's on TV" column each week and manufacturers inform via broadsheets and salesforce visits of forthcoming activity. Adequate stockholding in advance of seasonal demands or advertising campaigns are essential. Low stock and out-of-stocks account for a lot of lost business.

Wordsearch

Find these words in the word search game below. They are all Beecham Health Care products. Search across, up or down and diagonally to find the words

VENOS	SETLERS
DIOCARE	MAC
VYKMIN	GERMOLENE
PHENSIC	RALGEX
OXY	NIGHT NURSE

B S R E L T E S I C A N
U P O D L G H E B P R I
H G F S D I O C A R E G
V N E Z I D R A F C O H
Y X A R W E F R A I Z T
K P O A M I S L U S D N
M H R L B O X Y S N I U
I E B G N B L K R E G R
N D L E U Q M E N H I S
E G V X I C O S N P D E
O E F X A S A W B E Q Y
W I N J F T A M H S E T

Law blocks alternatives to animal testing

Will animal studies ever be abandoned in medicines development? Speakers at Thursday morning's symposium looked at the alternatives, and while supporting the three Rs of reduction, refinement and replacement, suggested the answer was 'no'

Regulatory guidelines on toxicity testing are a "monolithic block to progress" towards developing alternatives to animal testing in drug development, Dr Michael Balls, chairman of FRAME, the Fund for the Replacement of Animals in Medical Experiments, told delegates at Thursday morning's symposium session. Even so, one day it should be possible to produce safe and effective new drugs using alternative testing methods, he said.

Until recently large numbers of animals were used at three main stages of new drug development: screening for useful compounds and selection of candidates for further development; efficacy testing, and toxicity testing. But in the past 15-20 years there has been a dramatic fall in the numbers of animals used in empirical pharmacological screening. More drugs are being designed on the basis of better understanding of the molecular and cellular basis of disease and mechanisms of drug action at receptors, said Dr Balls. Efficacy testing is more refined as fewer animals are used in better planned experiments because of the sounder scientific background, he added.

However, progress towards alternative procedures in toxicity testing has been slower, said Dr Balls, for three reasons. Less is understood about the mechanisms of toxicity. Questions about potential toxicity are much more general than those asked about specific pharmacological activity. This had led to a complex set of tests recommended or required by guidelines from regulatory bodies.

Lastly, regulatory guidelines and attitudes towards the reduction of live animals procedures in toxicity testing represent a monolithic block to progress, said Dr Balls, despite the fact that it is widely felt by toxicologists that unnecessarily large numbers of animals are too often used in unnecessarily painful procedures.

Even when a test is shown to be scientifically untenable, like the LD50 test, it continues to be done because it is required, Dr Balls

said. The LD50 test uses large numbers of animals to give a precise LD50 value but the figure is frequently only used to put the compound to which it relates in one of four categories for labelling and transport purposes, he said.

Rigid testing guidelines do not give scope for alternative procedures to be tried. And to ensure a drug can be marketed worldwide the most stringent

'We regret any suggestion there is only one choice — animals or humans'

safety tests, which demand the greatest number of species, subjects and dose levels and duration of treatment, are chosen to make the results acceptable to as many regulatory authorities as possible, said Dr Balls.

However, he thought some of the new laws, such as the UK's Animals (Scientific Procedures) Act 1986, may work against such strategies in future because a feature of much of the recent legislation is a requirement to show that tests are necessary and cannot be done by non-animal procedures.

It is likely that the demand for toxicity testing will increase, but Dr Balls believed advocates of non-animals testing should see this as an opportunity. Europe uses more than 100,000 different chemicals, few of which have been properly tested. It would be economically and logistically impossible to test all of them by the routine animal procedures currently in vogue, he claimed. Even testing a smaller number of "high priority" compounds would probably present insuperable problems. "Faced with the size of this projected task of hazard evaluation, there can be no alternative to replacement alternatives."

Alternative methods are already being integrated with animal tests into step wise approaches to toxicity testing, Dr Balls said. He outlined a five stage programme which used



Dr Michael Balls, chairman of FRAME

conventional animals tests only at the fourth stage. Stage one involves a data search to avoid unnecessary duplication and testing with computer modelling. Stage two uses first order *in vitro* tests to determine interactions with subcellular systems and general toxicity tests (cytotoxicity, carcinogenicity, teratogenicity) using bacteria or cell cultures. Stage three involves further *in vitro* target organ tissue culture tests, eg pulmonary or hepatotoxicity. Only at stage four are animals used for essential tests to reveal effects predicted in the first three stages. Stage five is the final tests on human volunteers.

Some believe that alternative procedures could never completely replace animal tests, said Dr Balls. One argument is that *in vitro* methods tend to be used to evaluate one pre-determined endpoint whereas animal studies show a range of effects, including the unexpected together with information on severity, state of onset, duration and prospects for recovery. The problem of extrapolating animal data to man cannot be ignored but some people say extrapolation from *in vitro* cell systems to man represents a much greater problem even when human cells and tissues are used, he said.

Nevertheless Dr Balls remained optimistic. "These scientific arguments must be



Conference



Continued from p493

taken very seriously, but I see them more as a challenge than as a declaration of rules which will last for the rest of time.

"I believe that it will one day be possible for safe and effective new drugs to proceed safely and rapidly from the design stage through computer evaluations and tests on sophisticated *in vitro* systems, straight to tests in human volunteers by the use of non-invasive methods and regulated preclinical testing."

■ FRAME is a charitable trust which occupies the middle ground between the extreme positions adopted by the Animal Liberation Front and the animal research defence establishment, said Dr Bals. It adopted a positive approach to the animal experimentation dilemma based on the three Rs of reduction, refinement and replacement. "We reject any suggestion that there is only one choice — to be for animals or human beings. Nevertheless, we feel the current scale of animal experimentation and many of the procedures used

are unacceptable and must not be allowed to continue," he said.

The Animals (Scientific Procedures) Act 1986 has FRAME's full backing, although only time will tell whether it is implemented in such a way that it fully lives up to its promise, said Dr Balls.

Central to FRAME's strategy is the promotion of alternative (ie non-animal) methods in fundamental biomedical research, in the discovery of new drugs and in toxicity testing.

The range of replacement alternatives includes:

- improved storage, exchange and use of information, so that the unnecessary repetition of experiments on animals can be avoided
- maximum use of predictions based on physical and chemical properties of molecules
- mathematical modelling of structure-activity relationships
- molecular modelling and the use of computer graphics
- mathematical modelling of physiological and pharmacological systems
- the use of lower organisms not protected by legislation controlling animal experimentation, eg plants, bacteria, invertebrates
- the use of *in vitro* methods, including: sub-cellular fractions, the short-term maintenance of perfused organs, tissue slices and cell suspensions; and tissue culture proper
- human studies, including epidemiology, and post-marketing surveillance.

Human exposure to drugs 'inconceivable' without animal testing

It is difficult to see any major move away from animal studies for general screening because of their unique ability to reveal so many distinct types of action.

Improved techniques and increasing multinational acceptance of data may reduce the number and size of studies, but it is inconceivable that man should be deliberately exposed to novel substances without prior assessment of toxic risks in

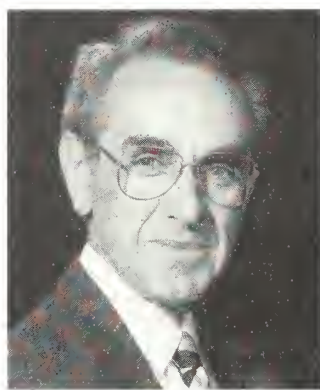
animals, said Professor A.D. Dayan, director of the Department of Health's toxicology unit at St Bartholomew's Hospital, London.

Pre-testing *in vitro* to exclude grossly harmful materials before examining them in animals has a place, he said. In the areas of potency assay, analysis of efficacy and quality testing they are having an effect, although the number of animals likely to be affected is relatively small.

For human medicines final proof of efficacy must be obtained in man, but the preceding stages seem likely still to depend to some extent on animal work to justify the risk of treating humans, Professor Dayan believed.

"Greater understanding of the mechanisms of health and disease will evolve into more refined non-animal research procedures, but demonstrating therapeutic power and the range of other effects will still require exploration in the most general way possible — by work in living animals," he said.

But the number of animals used in toxicity testing could be reduced by increasing the



Professor Dayan, director Department of Health toxicology unit, St Bartholomew's Hospital

More toxicity tests may be needed on existing chemicals

Chemicals already in use may have to undergo further toxicity testing due to developments in the range and scope of such tests and because of heightened perception of what is needed to establish a product's safety.

Most toxicity testing is done in animals and Dr Iain Purchase, director of ICI's central toxicology laboratory, saw little chance of *in vitro* methods replacing such tests in the foreseeable future.

He gave some examples of *in vitro* techniques used in toxicity testing at ICI and considered their advantages. But most of the tests he described were used because they provided the best scientific evidence available, and not because they saved using animals. The exception was the test for

skin corrosivity, used to avoid, or improve design of, subsequent animal toxicity studies.

Toxicity testing for selection of potentially useful compounds and priority setting relies mainly on *in vitro* tests. Current practice is to use information from short term studies for the initial selection of potentially useful compounds. For example, single dose studies aimed at identifying acute effects (particularly on the skin, eye or as a consequence of ingestion or inhalation) are done initially and form the basis of early decisions. The only *in vitro* methods used at this early stage are genetic toxicology studies, Dr Purchase explained.

Other *in vitro* screens can be used when structural analysis of a

compound suggests it is appropriate. These tests are aimed at specific endpoints. Those used by ICI include *in vitro* tests for teratogenicity and fibrogenicity and *in vitro* tests for genotoxicity to predict carcinogenicity.

Where the mechanism of toxic action is known, *in vitro* tests can sometimes be used to test for specific activity in a range of closely related analogues. Dr Purchase gave an example of

'Little chance of *in vitro* methods replacing animal toxicity testing in the foreseeable future'

screening for nephrotoxic and nephrocarcinogenic properties in a series of chlorinated alkanes and alkenes. Obviously *in vitro* tests must be performed accurately in predicting *in vivo* toxicity. Ideally *in vitro* methods should be based on knowledge of the mechanism of toxic action, and should have been checked to ensure they give similar results to *in vivo* tests.

Information from toxicity testing is used mainly to help assess the risks associated with

the compound and to recommend precautions or label instructions for products which contain it.

Dr Purchase went on to look at some advantages of *in vitro* tests used at ICI. Liver cell cultures have been used to deduce that although trichloroethylene causes liver cancer in mice at high dose, but not in rats, it would not produce cancer in human livers.

Methylene chloride also induces cancer in mice (in both lung and liver) but not in rats. Animal studies have shown the chemical is metabolised by two pathways — cytochrome P-450 mediated oxidation and conjugation with glutathione. It is likely that the metabolites from the glutathione pathway cause cancer.

Occupational exposure can be dangerous especially to a chemical that can penetrate through the skin. The magnitude of the risk will depend to some extent on the rate at which penetration occurs.

Skin penetration can be measured using *in vitro* techniques. In some cases the information can be used to improve the assessment of body burden, blood and tissue concentrations that could occur on

multinational acceptance of data to avoid repeating experiments, he said. Information about pharmaceuticals is now widely accepted in most countries. However, a curious anomaly in international trade is that some agreements about data requirements have come through the OECD, others through multi-lateral agreements with the states involved, and still others through the UN. The latter, which involve more than 150 nations, are very difficult to change.

'Animal studies have unique ability to reveal so many distinct types of action'

"For example, there is a growing discrepancy between the scientific acceptance of limited acute studies and official demands for LD50 testing," said Professor Dayan. "Diplomat-scientists will be busy in the next few years correcting such out of phase problems."

Regulatory decisions must be based on reliable information from valid types of experiment. The judgment of "safety" based on toxicity is the main reason for animal studies at the regulatory level, because efficacy is proved in the target species, he said. At the pre-regulatory stage in the development of new drugs animal studies are very important, but the data are only ancillary to the clinical evidence finally presented

to the licensing authority.

Toxicity tests are general screening procedures intended to detect any important action of a substance, and it was only by broad investigations in animals that the complexity of living systems could be studied. Animal studies may not be the only means to detect particular types of toxicity, but they have an essential role in revealing the range of possible actions and in suggesting more specific investigations, said Professor Dayan.

Completely non-animal techniques, such as mathematical models, and biologically-based *ex vivo* and *in vitro* procedures, such as isolated organs and tissue cultures, are closed, simplified systems well suited to the exploration of single or pre-determined endpoints. They are inherently unsuited to detection of the generality of initially unknown and unexpected effects, which is the first objective of toxicity testing, Professor Dayan explained.

A regulator's goal must be to seek assurance and safety, and not to accept the less certain predictions that some would regard as an acceptable risk, he said. "New techniques can only be accepted and current procedures abandoned if the novel is seen to be rationally based and to represent a real advance. We deserve protection with demonstrated facts, rather than beliefs, no matter how well intentioned they may be," he concluded.

exposure to a chemical and thus improve risk assessment.

Finally Dr Purchase gave an example of how *in vivo* and *in vitro* tests showed how a triazole delayed ovulation in rats. Studies showed that the main effect of the triazole was to inhibit an enzyme — aromatase — responsible for producing oestradiol in the ovary. Lower oestradiol levels which occur after the triazole is given mean that the pituitary does not become sensitised to produce the luteinising hormone stimulus to ovulation without which ovulation is delayed by 24 hours. The effect of the triazole on aromatase and the lack of sensitisation of the pituitary were confirmed using *in vitro* studies.

Knowing how the triazole exerts its toxic effect helps to assess the risk to human health from the compound, Dr Purchase explained.

Using alternatives to *in vivo* testing is not the only way to reduce the numbers of animals used in toxicological studies, Dr Purchase said. Searching published data and careful consideration of the structural attributes of chemicals can help to avoid repetition of tests and to

select the most suitable test regime. Both activities are greatly enhanced by computers.

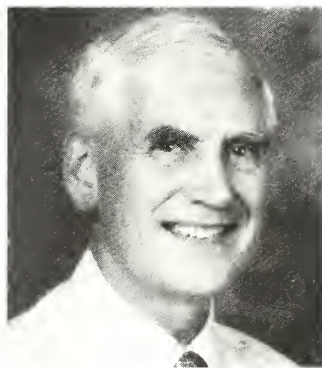
In the long term Dr Purchase felt the greatest benefit would come from the study of structure-function relationships which so far have only been useful in homologous series of chemicals or where mechanism of action gives a clear indication of structural requirements. However, progress in structure-function analysis is likely to be slow because it will depend on understanding toxic mechanisms.

Although recent legislation to protect experimental animals will encourage development of *in vitro* tests, Dr Purchase saw the replacement of *in vivo* techniques with alternative tests as a long, slow process.

"The dominance of concern for human health protection, the lack of knowledge of toxic mechanisms, the extremely wide variety of possible toxic endpoints and the similarity of mammalian species make it unlikely that the main regulatory requirements for animal studies will be replaced by requirements for *in vitro* studies in the foreseeable future," he concluded.



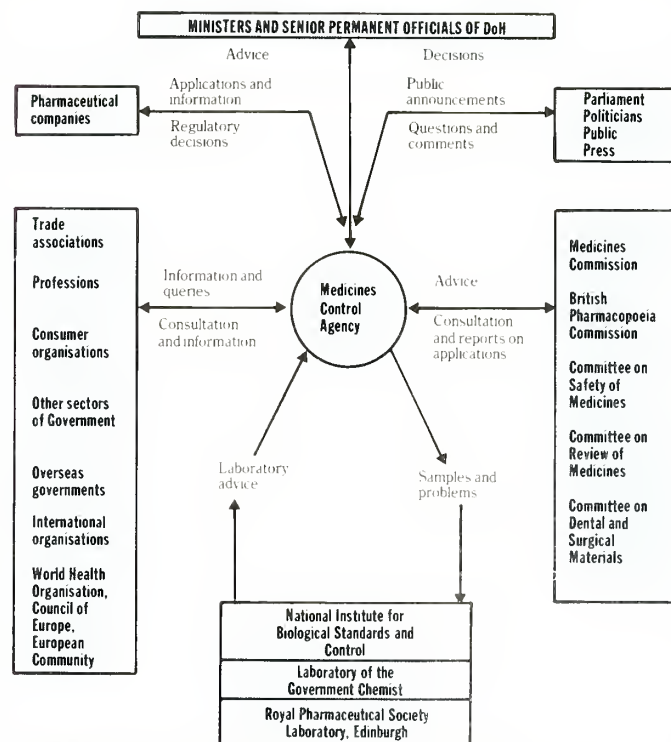
Generics' quality 'as good as brands'



Alexander Stewart, director of the Medicines Control Agency, Department of Health

'Medicines — conception to consumer. How the patient is protected' was the title of Wednesday's professional session. Great emphasis is placed on ensuring only safe product reach the market

Generic medicines' bioavailability/bioequivalence as compared with branded products has been hotly debated in pharmaceutical and medical circles for the past few years. Alexander Stewart from the Department of Health's Medicines Control Agency (MCA) told Wednesday morning's professional session that there are no grounds for supposing that the quality of generic products is in any way inferior to that of comparable branded preparations. This is substantiated, he said, by the fact that medicinal product quality defects reported to the licensing authority for generic products are



The Medicines Control Agency: Roles and relationships

continued from p495

greater than those for branded products.

One of the MCA's main functions is as licensing authority. A licence is granted only if satisfactory evidence of safety, efficacy and quality (particularly of safety in relation to quality) is provided. The evidence is assessed to a comparable standard of scientific and professional judgement.

Mr Stewart explained that different formulations and medicines produced by different processing techniques can give different clinical responses in, some patients but branded products of the same drug are as much subject to such variations as are generic products. The licensing authority requires manufacturers to produce evidence of bioavailability so that bioequivalence (and therefore assumed therapeutic equivalence) can be assessed in comparison

with the branded product first marketed. Even so some patients still react differently to products from different manufacturers.

Another of the MCA's main roles is as a 'defect reporting centre'. It follows up reports of defective batches of medicines and issues any necessary subsequent warnings.

When news of a defective batch is received a computer search is made to see if a similar incident has occurred before and what was done about it. Then there are three courses of action open to the Agency: recall product, put a temporary embargo on the product's use, or caution in the product's use.

The majority of defects over the past few years (see table) have been associated with labelling, product mix ups and container faults. The solution to these problems is good manufacturing practice and for inspectors to be alert, he said.

Table 1 Medicine defects reported to the licensing authority

	1985	1986	1987	1988	1989 Jan/Jun
Number of reports					
Labelling faults and/or mix-ups	45	36	33	42	21
Container faults	20	22	24	29	5
Wrong volume or content, defective coating, discolouration, etc.	14	18	13	32	14
Particulate matter of various types	7	18	23	30	6
Microbial contamination, moulds, etc. (all types of liquid preparations)	9	12	8	15	7
Other types of defects	36	76	53	88	40
	131	182	154	236	93

How PMRs can reduce risks



Ian Simpson, DPhO, Oxfordshire RHA

Patient medication records will do much to help community pharmacists improve their role of protecting patients against the risks associated with taking medication, Ian Simpson, district

pharmaceutical manager for Oxfordshire RHA, told delegates at the professional session on Wednesday morning.

Medication records are essential to allow the pharmacist to satisfactorily check for potential drug interactions because without such records he would not necessarily be aware of all the medication a patient was taking, said Mr Simpson.

He also saw a role for community pharmacists in watching for adverse drug reactions. A pharmacy is often the first port of call when a patient suspects a reaction, he said. "I believe there is an important potential role here for community pharmacists in screening such reactions, referring to a doctor if necessary."

Counselling encourages safe

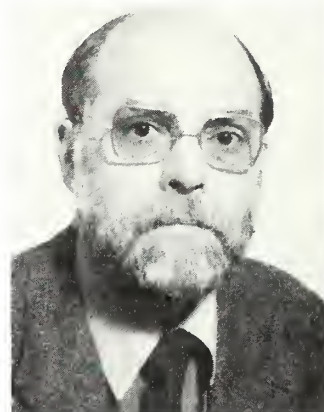
use of medicines and Mr Simpson hoped hospital pharmacists would begin to play a greater role here. The activity is well developed in community pharmacy, although lack of privacy sometimes caused problems, Mr Simpson suggested.

But a greater problem was lack of information on dispensed medicine labels, he said, particularly for the elderly. "This is not meant to be a criticism of community pharmacists, but of the system which forces them to put on specific directions only

'There is an important role for community pharmacists in adverse reaction monitoring... they are often the first port of call'

when so instructed by the prescriber. The use of computers for producing repeat prescriptions may have gone some way towards alleviating this problem, but

Many stages in patient protection



Dr William Dawson, research director, Eli Lilly

Considerable efforts are made at each stage in the development of new medicines to ensure patient safety. The fact the different stages are carried out under Good Laboratory Practice (GLP), Good Manufacturing Practice (GMP) or Good Clinical Practice guidelines has been a clear benefit not only to patients but also to doctors, companies and regulatory agencies, said Dr William Dawson, research director at Eli Lilly.

Before beginning any research programme, the goal and the type of science needed to achieve it must be clearly defined. The discovery stage has little to do with protecting patients but it is essential that scientists are aware that the observations they make may be of considerable value later in the development phase.

The first steps in patient protection begin when a potentially useful new chemical entity is identified and the method of synthesising it is decided. It is important to bear in mind the reactivity of intermediate compounds, for example, and whether they may carry through to the final compound, said Dr Dawson. The role of analytical chemistry is often not recognised, but the characterisation of a material is crucial and involves developing an assay for the pure

substance and characterising intermediates formed or present during its preparation. It is here that GLP first comes into play, used to ensure consistent reproducible procedures in producing the new drug.

Biological specification which involves safety studies in various species is an integral part of the specification of a new medicine. The tests indicate potential problems the compound may produce when given to man and give an indication of therapeutic ratio, ie the ratio of effective dose to the dose when the first side effects occur. Dr Dawson

keeping medication records and closer co-operation between prescribers and pharmacists should be much more effective."

There were some aspects of safety hospital pharmacists were better equipped to deal with than their community colleagues, for example, quality control or assurance of medicines. It has been suggested that hospital QC facilities should be made available to community pharmacists under the proposed NHS reforms, but at a price.

Other areas where pharmacists help ensure safe use of medicines include nursing homes. Mr Simpson thought pharmaceutical services should be extended to cover all residential establishments and not just those registered with health authorities.

Similarly, Mr Simpson felt the development of properly funded and resourced domiciliary pharmaceutical services was essential to give housebound patients the same advantages of a direct pharmaceutical service as enjoyed by those able to visit a pharmacy.

stressed that this ratio relates to minimal unwanted effects. "The LD50 test has no role in developing a new medicine", he said. Such tests are only carried out when required by regulations — they are not done routinely.

Early in the development of a new medicine, formulation is looked at along with the route of administration. The safety of any adjuvants which may be needed is considered at this stage, as is bioavailability.

At the clinical stage drugs are first given in small, single doses to healthy volunteers whose responses are then monitored. On the basis of the results, multiple dose studies are then designed. Information from this work and pre-clinical studies is reviewed with regulatory agencies before moving to trials in patients, which are escalated in the same way as the volunteer studies.

In early clinical trials patients and doctors know which drugs are being used. Informed consent is a key element. It is only after data from the initial trials and pre-clinical work have been considered that larger "blind" studies are carried out. Even so, Dr Dawson said the maximum number of patients that could be properly monitored in a trial was perhaps 5,000 over two to five years.

New medicines will generally be given to far greater numbers of patients. For that reason doctors and other health professionals must be aware of the importance of reporting any unusual events patients may experience when taking new medicines, said Dr Dawson. And that does not just apply to new medicines; ongoing monitoring, using systems like the yellow cards, is important too. "The only truly effective process for maintaining patient care is an efficient monitoring system so that data is available for assessment by both company and regulatory physicians", Dr Dawson said.



Practise clinical pharmacy in residential homes, says Rivers

There is no payment for pharmacists in England and Wales providing a service to nursing homes, Dr Peter Rivers, community services staff pharmacist with Derbyshire Health Authority, reminded the discussion session on residential homes.

Nursing homes are mostly private and staffed by nurses who provide care. The standards are set by local health authorities which carry out inspections. Residential homes provide personal care such as might be delivered by a relative. They are registered and inspected by local social services. Some 49 per cent are actually run by local

authorities.

There are currently 121,000 local authority and 113,000 private residential homes in the UK, said Mr Rivers. Community pharmacists can find it difficult to tap into such places, and need to be motivated and aware of the problems, he said. Face to face contact was important.

The home manager will need to agree the type of service that the community pharmacist is expected to provide. FPCs also need to be involved. Practice clinical pharmacy in the homes, Mr Rivers advised. "It is that kind of information that the care staff desperately need."

In Scotland both nursing and



Dr Peter Rivers, community services staff pharmacist, Derbyshire

residential homes are included in the payment scheme for pharmacists, said Mr D. Davidson (Blairgowrie). Mr Steven Axon (PSNC) said a draft circular explaining the scheme to FPCs, along with their part in it, was being discussed by PSNC.

Communication failure at the interface

There is a pressing need for efficient communication between hospital and community pharmacists, particularly with the trend to discharge patients earlier, often with increasingly complex treatments that are initiated in hospital. But as

discussion in the session on the hospital/community pharmacy interface showed, there does not seem to be an effective route for communication between the two sections of the profession.

A number of possible solutions were put forward, but few pharmacists present were confident they would work well. Hospital-based community services pharmacists (CSPs) could act as link, but it was felt that if they started visiting residential homes, they might be seen as treading on the toes of their community colleagues who regard such visits as an important part of their extended role.

It might be useful if community pharmacists received a copy of the discharge letter hospitals send to patients' GPs when they come out of hospital. They could then see exactly what treatment a patient should have. GPs can misinterpret information on discharge notes and this is frequently a source of mistakes on FP10s. It would also be useful if details of how to contact the relevant hospital pharmacist were

included in the discharge letter.

Hospital Information and Support System (HISS) — computer-based records that allow doctors to find almost anything they want about individual patients — may provide a communication route if pharmacy computers could access the information.

Liaison committees designed to provide a forum for hospital and community pharmacists, along with other health professionals have been set up in some areas. But often there are problems in actually getting such groups started, and even when they are up and running there is no guarantee that pharmacists other than those who attend meetings will receive information.

Branch meetings could provide a useful forum for community and hospital pharmacists to get together and exchange information but again it depends on attendance and whether there is an efficient means of getting information to pharmacists who do not come to meetings.



Alan Crabbe, next year's BPC chairman and his wife Jacky (left) stand guard over an extremely feminine (but anonymous) Welsh dragon, with Sheila Phillips (stewarding committee), Sarah Cockbill (secretary to the organising committee) and Peggy Baker (right, catering) on the other flank. Next year's conference will be in Cardiff

Diagnostic testing ready for great expansion

Diagnostic screening in community pharmacy is now established as part of the extended role and appears to be an area set for great expansion. Screening means identification of a problem, the specific nature of which and its solution may require the attention of a doctor, said Mr R. Gande. "We must not be seen to be overstepping our role," he cautioned.

The challenge should be taken up professionally and completely and not just in the fashionable areas such as blood cholesterol measurements. If pharmacy does not take on diagnostic testing in a major way then others will, as it is unlikely the area will become subject to Government

legislation. "Our route to offering the best service is by personal advice. Failing to provide it lays us open to criticism," he said.

Adherence to the Pharmaceutical Society guidelines and involvement with hospital pharmacists and lipid clinics could help overcome the reservations of the medical profession to the public availability of such tests. There have been protracted arguments within the medical world over the benefits of blood cholesterol screening. The points of contention are: are the tests reliable, how big is the risk of hypercholestaemia, and if widespread screening takes place are there sufficient resources to cope with "problem patients".



Andrew Gande, Flynn's Chemist, St Helens, Merseyside



Bradford group to study GP-pharmacist liaison

There is great potential for enhancing collaboration between community pharmacists and GPs by setting up local liaison groups for those who serve the same cohort of patients, according to Dr Alison Blenkinsopp (Bradford University).

A major study run by Bradford University's Pharmacy Practice Research Unit, and featuring the country's first pharmacist liaison officer, is about to begin to examine the feasibility and value of such groups.

The Bradford study intends to

look first at prescribing for patients in nursing and residential homes, local policies on response to symptoms, and at cost-effective prescribing and formulary development. Other planned areas include the training of practice receptionists and structured exchange visits of pre-registration pharmacists and GP trainees.

The study will begin later this year with a study of inter-professional relationships and the setting-up of the prototype liaison group, says Dr Blenkinsopp.



Judith Cantrill of Hope Hospital, Salford, is presented with the C&D medal and a cheque for £150 by Pharmaceutical Society president Marion Rawlings. Ms Cantrill previously carried off the award at the Leeds and Jersey Conferences; this time her paper, co-authored with Y. Cass, looked at diabetics' understanding of hypertension

Industry has 'defensive' attitude to media coverage

It is not possible to limit a news story to one section of the media. The only way to influence the way the message is dealt with is through the expertise of the person used to put the message across, Mr Tony Thistlewaite, for a long time press officer for the British Medical Association, told one of the discussion sessions.

There is a negative attitude from the public towards the pharmaceutical industry, which seems to be a sitting duck for much unjustified criticism, he said. The public accepts without question over 5,000 road deaths a year yet takes intense interest in the 300 deaths attributed to drug adverse reactions in 1988.

But journalists who actually

"operate" the media are frustrated at the attitude of many companies. "There is no doubt that there are many good stories to tell, but there is a defensive attitude, a lack of will or ability to tell the story in a way that will make it acceptable to the media," said Mr Thistlewaite. In spite of a number of good industry public relations officers, the industry still fails to convince journalists it is on the level.

Industry is suspicious of the "populiser" of medical issues to the extent that the term "well written" is a term of abuse. Dialogue with the Press is essential along with a willingness to accept a measure of popularisation, he said.

Rebirth of Bates & Hunt at Telford

Martin Shakespeare spoke of the historical pharmacy project at the Ironbridge Gorge Museum Trust at Telford at the History of Pharmacy session.

The historical pharmacy at the Blists Hill site is in a specially designed "shell", embodying the spirit of the period 1870-1880 rather than a copy of a particular building.

At an early juncture the legal use of titles arose, and the exhibit could not be called a "chemists" or a "pharmacy", said Mr Shakespeare. Finally a compromise resulted in the adoption of "Bates & Hunt", the

name of a once successful chain of pharmacies in Shropshire.

The fittings from Pars Pharmacy, Bournemouth, established in 1876, had been obtained second hand by Mr Pars from a London pharmacy first fitted out in 1810. When they arrived at Blists Hill in 1983 much restoration was carried out by cabinet makers in the site's workshop.

With the generous donation of the fittings by the British Museum, The Ironbridge Gorge Trust received other items from Pars Pharmacy, including prescription books, carboys, shop rounds and ointment containers, but the artifacts did not adequately fill the shelves. However, visits and phone calls yielded help and donations from local long established pharmacies and ensured full shelves at the opening day.

Michael Day, the manager of the Blists Hill site, was keen on the exhibit being a "working premises" as are other examples on the site. Any products sold are required to be packaged to sustain

Lack of resources threaten hospital formulary plans

All health authorities have been told to plan for implementation of formulary management systems by the end of this financial year, Claire Dutton, a research pharmacist based at Hallwood Health Centre, Runcorn, told a packed discussion session last Wednesday.

The health circular setting out the way forward in the hospital pharmacy service had recommended the establishment of drug and therapeutic committees, the allocation of pharmacists to produce comparative drug evaluations and co-ordinate formulary systems, and computerised dispensary systems to monitor usage and feedback.

'Reviewing and changing prescribing habits does require a lot of effort by GPs'

But the committees were often ineffective, there was a lack of pharmacist staff, and problems with computerised dispensary systems, said Miss Dutton, pointing to the wide gap between theory and practice.

In general practice many prescriptions are repeats. If these are not regularly reviewed then the establishment of local GP formularies will not result in any



Miss Claire Dutton, research pharmacist, Hallwood Health Centre, Runcorn

change in prescribing patterns for a number of years. Most local formularies in use at the moment are as a result of local initiatives by well motivated doctors, she said.

"I cannot emphasise enough that reviewing and changing prescribing does require a lot of effort by GPs. Analysing PACT data is a very time consuming business, but pharmacists can facilitate the process," said Miss Dutton. "The big differences in GP prescribing costs are as a result of differences in their prescribing threshold — whether they will write a prescription."

What was wrong with the BNF as a practice formulary was the first point raised in discussion by Leslie Simpson (Plymouth). With a little modification it could easily be adapted to fulfil the formulary criteria, he maintained.

Lloyd warns on drug threat

There has been a 7 per cent increase in heroin seizures in 1988, but for the second year running the amount of cocaine seized has been higher than that of heroin, Mr Peter Lloyd, Under Secretary at the Home Office said at the Conference Banquet.

Illegally manufactured amphetamine and cannabis are the most common drugs of abuse to be found in the UK. In the last four years the police have detected 41 illegal factories. Since such drugs are injected there is the consequent risk of hepatitis infection from using infected needles, he said.

The doctor's surgery remains the main source of supply of pharmaceutical drugs for drug abusers, said Mr Lloyd. Inappropriate prescribing can occur when a doctor is deceived into supply. Pharmacists have a vital role in identifying such cases.



The Trinders get together on the Janssen stand at the BPC Pharmex exhibition. Alan Trinder (Oxford) talks to Nicola Trinder, no relation but key accounts manager for Janssen's Pharmacy Division, while his wife Margaret (right) talks to key account executive Sara Merrett

Smart cards the solution to incomplete PMRs

Patient held medication records, using smart cards could provide one solution to the problem of incomplete pharmacy held patient medication records. Patients carry their complete records with them which are updated as needed at each pharmacy, GP practice, hospital or dental surgery the patient visits.

Smart cards are in the early stages of development but if the experience of community pharmacist Martin Gibson is anything to go by they have great potential as a means of health professionals exchanging information on individual patients. Mr Gibson is taking part in a Department of Health two year study in Exeter involving eight pharmacies, two hospitals, two GP practices a dental practice and around 9,000 smart card carrying patients.

Even at this early stage in the

Exeter trial the cards are proving popular with patients and useful to pharmacists. Mr Gibson has already foiled a forgery which he picked up when a patient handed in a prescription form with two items when his smart card record showed the GP had prescribed only one. The patient had added the second item to the paper prescription himself but was of course unable to change the electronic record on the smart card.

The cards do have their disadvantages, however. Mr Gibson said doctors still make mistakes in "writing" information on to the cards in much the same way that they make mistakes in writing out conventional prescription forms.

This often happens because general practitioners ask their secretaries to update the cards, Mr Gibson said.



Royal Pharmaceutical Society president Marion Rawlings, vice-president Linda Stone and Conference science chairman Dr Barry Cox (right) with their banquet guests Mr Peter Lloyd, Parliamentary Under Secretary at the Home Office and Mr Ken Morgan, chairman of local company Morgan Insurance Brokers Ltd



With every third person in the UK expected to suffer from cancer, the search for effective treatments is exciting ever more intensive research efforts. The conference lecturer look at the latest developments and problems

Facilities shortfall hinders cancer vaccine research

Lack of facilities outside the pharmaceutical industry to produce vaccines and monoclonal antibodies could make developing the latest ideas for cancer treatment difficult, according to Cancer Research Campaign scientific director, Dr Nigel Kemp.

One of the latest ideas for treating cancer is a technique called ADEPT or antibody directed enzyme pro-drug treatment. It involves giving a patient a pro-drug and enzyme which can convert the pro-drug into its active form. The enzyme is attached to an antibody raised against cells of the tumour to be treated. In this way the drug is converted to its active form at the tumour rather than being present throughout the body.

The antibody-enzyme complex can be "humanised" by genetic engineering so it is not recognised by the body's immune system as a foreign protein.

Another idea is to produce vaccines against viruses such as the Epstein-Barr virus which causes infectious mononucleosis (glandular fever) and has been linked to the cancer known as Burkitts lymphoma and nasopharyngeal cancer. But one of the stumbling blocks to developing these treatments is in getting such vaccines prepared for clinical studies.

"We hoped to have a trial on EBV vaccine done by last Easter," Dr Kemp said. "The

only place that seemed to have the resources to prepare the vaccine was Porton and they are booked up until 1992.

"There does seem to be in this country a shortage of facilities for developing this sort of molecule outside the pharmaceutical industry. It has the facilities but they are taken up with the industry's own work. And one can see the same problem arising with genetically engineered products like that used in the ADEPT programme," he said.

It may be that organisations like the Cancer Research Campaign will have to look at setting up their own facility, Dr Kemp said, because biological molecules are obviously going to become more important in the treatment of cancer.

Every third person in the UK can expect to suffer from cancer at some time in their life. One in four die because of it. In the over 65 age group cancer causes 70 per cent of the deaths and it is the second most common cause of death, after accidents, in children up to age 15 years.

But as Dr Kemp explained, medicine is making an impact: around 90,000 people with cancer — a third of all new cases diagnosed each year — are cured.

There are over 200 different types of cancer. The five most common forms account for over half the cases. The most frequent of these is lung cancer followed by colorectal, skin, breast and stomach. With the exception of skin cancer these account for more than half the cancer deaths in the UK.

The pattern of incidence in the UK is typical of a Western society. Other countries may show a greater incidence of other forms. In South America cervical cancer is the most common; in South East Asia nasopharyngeal cancer is seen as frequently as lung cancer in Western countries. These geographical differences have led doctors to believe that environmental factors play a large part in the cause of 85-90 per cent of cancers.

There are a number of ways cancer can be dealt with. The ideal method is to prevent it, which depends on knowing the cause. Screening — so-called secondary prevention — allows early detection and therefore a better



Dr Nigel Kemp, scientific director of the Cancer Research campaign

chance of successful treatment.

Recent research indicates it may be possible to return malignant cells to normal behaviour, described by Dr Kemp as a "reforming" treatment. This aspect of treatment has been opened up by the recent discovery of oncogenes — genes responsible for cell function which fail to work properly and are thought to be the cause of a cell becoming malignant. And the discovery of growth factors which can act on the cell which secreted them or on surrounding cells to alter growth behaviour may provide another reforming type treatment. It may be possible to stop the factors being secreted or to block their action and so return cells to normal behaviour.

Chemotherapy has made cure possible in over half the cases of acute childhood leukaemia. Dr Kemp remembered that it was not so many years ago that doctors would think they had done well to keep a child with leukaemia alive for six months.

However, like radiotherapy, chemotherapy is non-selective, killing healthy and cancerous cells alike. Work on targeting drugs to tumours is being done, and monoclonal antibodies are being raised against specific tumour cells in an effort to use them to take drugs to malignant cells. This is alright in theory, said Dr Kemp, but there are difficulties. One problem is that antibodies are often raised in mice so they are treated as foreign protein by the human immune system. As antibodies are quite large molecules there are difficulties in them moving through the blood vessel wall into surrounding tissues. And when they reach a tumour there is no guarantee the drug they carry will penetrate it.



Dr Barry Cox (right) congratulates Professor Ian Kellaway, Welsh School of Pharmacy, after investing him with the chain of office, as the science chairman for next year's Cardiff Conference

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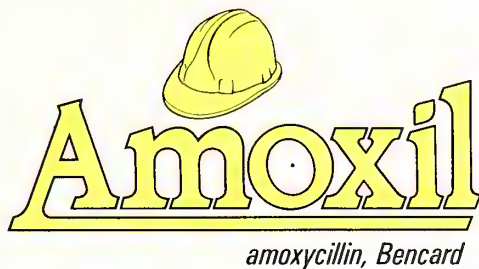
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¹ The NHS price of Amoxil 250mg & 500mg capsule dispensing packs has been reduced by 6%, Amoxil 250mg & 500mg Original Packs by 9%, and Amoxil 1g, 500mg & 250mg injection packs by 10%, effective 1st September 1989

PRESCRIBING INFORMATION

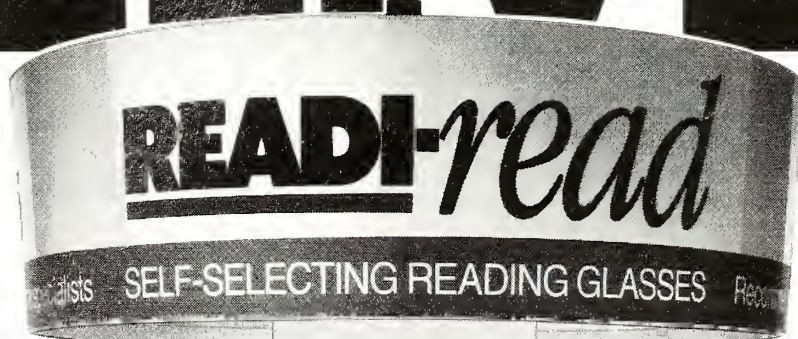
Indications: Include respiratory tract infections. **Adult Dosage:** Oral 250mg three times daily, increasing to 500mg three times daily for more severe infections. For high dosage therapy and other presentations see Data Sheet. **Contra Indication:** Penicillin hypersensitivity. **Side Effects** are uncommon and mainly of a mild and transitory nature: they may include diarrhoea, indigestion or occasionally rash, either urticarial or erythematous. An urticarial rash suggests penicillin hypersensitivity and the

erythematous type rash may arise if Amoxil is administered to patients with glandular fever. In either case treatment should be discontinued. **Presentations for adults include:** Amoxil Capsules (Amoxycillin Capsules B P) 250mg and 500mg PL 36/0103/5. **Basic NHS cost:** Capsules 48p/day (250mg tds). Price correct at time of printing - Sept 1989. Further information on Amoxil is available from



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TOPICS IN TREATMENT

Long-acting insulins

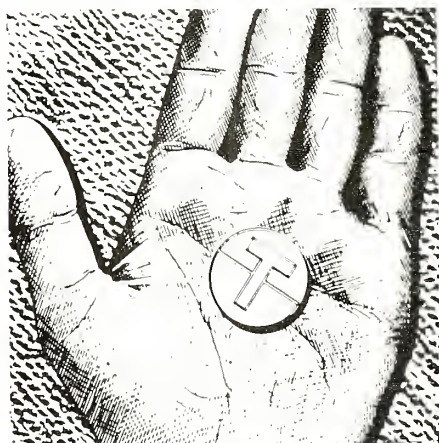
The ideal insulin treatment is believed to be one which imitates the natural pattern in non-diabetic people — a constant, low-level secretion with rapid increases occurring after meals. This can be achieved by using a long-acting insulin such as crystalline insulin zinc suspension (IZS) which has a t-50 per cent (the time taken for 50 per cent to be absorbed) of 13-15 hours, together with multiple injections of a short-acting insulin. There is, however, wide variation, both between and within patients, in the absorption kinetics of insulins which causes unpredictable changes in glycaemic control. And, for some people, even IZS is not sufficiently long-acting to provide stable glucose levels with only a single daily dose.

In a recent study from Denmark, the pharmacokinetics of a new long-acting synthetic insulin, Novosol Basal, compared

well with IZS in providing a basal level of insulin throughout a 24-hour period. Seven diabetics received daily injections of each insulin in separate four-day periods. The newer insulin was steadily absorbed at the rate of 2 per cent of residual insulin per hour. By contrast, the rate of absorption of IZS started at 2 per cent and increased to 9 per cent of residual insulin after 35 hours. Although the variability between patients was similar for both drugs, there was significantly less intrapatient variation with the newer formulation — overall, absorption was twice as consistent.

Novosol Basal has a t50 per cent of 35 hours. Its prolonged action and more consistent absorption could offer an improvement in glycaemic control with a single daily dose, although this requires confirmation in clinical trials.

Br Med J 1989;299:415-9



Pro-drug toxicity

Ampicillin is poorly absorbed after oral administration. Only 30-55 per cent reaches the circulation when taken on an empty stomach. One strategy to improve absorption is to formulate a pro-drug, stable to gastric acid, which undergoes hydrolysis in the intestinal wall or the blood. Pivampicillin, the pivaloyloximethyl ester of ampicillin, is hydrolysed to pivalic acid and ampicillin, increasing peak serum levels of the antibiotic two-three fold.

Now, a report of nine patients has revealed an unusual adverse effect of pivampicillin and its sister drug, pivmecillinam. Short and long-term courses of these agents led to a deficiency of the co-factor carnitine, which is essential for fatty acid oxidation. After only one day, serum carnitine concentrations fell in one patient by almost 50 per cent and recovery was slow. And, in two patients who had received pivampicillin for 22 and 30 months, muscle carnitine concentrations were only 10 per cent of normal values.

This acute deficiency is caused by esterification of carnitine by pivalic acid freed from the pro-drug. This enhances excretion in the urine, significantly depleting body stores of carnitine to within the range found in people with idiopathic chronic deficiency. Although no symptoms were detected in this group of patients, chronic carnitine deficiency can cause cardiomyopathy, hypoglycaemia and symptoms resembling Reyes' syndrome. Except in severe cases, this causes vague symptoms that are not easily detected. It would be prudent, comment the authors, to avoid pivalic acid pro-drugs where suitable alternatives exist.

Lancet 1989;ii:469-72

Oils for asthma?

Evening primrose oil (EPO) and fish oil are two formerly "alternative" agents which have recently received the endorsement of the scientific community. Asthma is now among the many potential uses for oils which are under investigation. EPO is now licensed for the treatment of eczema, a condition often associated with asthma. Fish oil reduces the formation of fatty acid metabolites which are involved in inflammatory and allergic reactions. And asthma — like heart disease — is rare among eskimos whose diet is rich in fish.

Both oils could therefore have potential for the treatment of asthma and this theory has been tested in a placebo-controlled trial in 29 asthmatics. Each was given sequential ten-week courses of EPO and fish oil and the response was compared with the effects of a placebo of olive oil. Many patients stated that their symptoms improved during active treatment but this could not be confirmed objectively. Judging by peak flow rates, the patients' own symptom diaries, and hospital admissions, there was no change in the severity of disease or in the consumption of drugs during the study, despite measurable changes in blood fatty acids induced by the oils.

Explanations for the lack of response could include inadequate dosage or a masking effect of concurrent medication. But the patients' perception of a beneficial effect was probably a placebo response because the taste of EPO and fish oil could not be concealed.

Annals of Allergy 1989;62:534-7

Diet versus drugs for mild hypertension

Mild hypertension presents a dilemma for selecting treatment: the benefits of drugs are small by comparison with the risk from adverse effects. The treatment of first choice is therefore modification of the diet to reduce alcohol, salt and fat intake and to lose weight. A 5 per cent reduction in body weight normally reduces blood pressure by 7 mmHg.

But a year-long Swedish trial which compared the effect of diet with that of antihypertensive drugs has shown that pharmacological intervention is more effective in lowering blood pressure. During the trial, patients on a diet lost an average of 7.5kg and 84 per cent achieved the weight loss target of 5 per cent. Yet the average reduction in systolic and diastolic blood pressure were only 4 and 3 mmHg, respectively, significantly less than the 16 and 11 mmHg reductions achieved with a stepwise treatment with atenolol, bendrofluzide and nifedipine. The targeted diastolic pressure of less than 90 mmHg was

achieved in only 29 per cent of people who dieted compared with 73 per cent of those treated with drugs and, after a further year, only 16 per cent of the dieting group had maintained this improvement. In addition, heart rate in the diet group was 68 compared with 61 beats/minute after pharmacological intervention. But the drugs achieved these gains at the expense of unfavourable changes in serum lipids, whereas diet had a beneficial effect, increasing the ratio of high to low density lipoproteins.

Other trials of diet in hypertension have achieved greater reductions in blood pressure than were observed in this study. Differences in patients, including their history of hypertension and the presence of underlying disease, may have contributed to the latest findings. Considering the need to reduce blood pressure and improve serum lipids, perhaps both drugs and diet are necessary.

Br Med J 1989;299:480-5

Tolerance to indomethacin's CNS effects

Indomethacin is known to cause adverse effects on the central nervous system which include depression, confusion and even psychosis. More commonly, people are transiently affected by less dramatic symptoms — drowsiness, for example — but even such mild symptoms can be sufficiently troublesome to impair compliance.

A recent study from Leeds has confirmed that indomethacin does cause acute adverse CNS effects which significantly affect performance in tests of psychomotor function. A single 50mg dose of indomethacin impaired performance within one hour of administration in ten healthy volunteers. By contrast, when

a similar dose was given after a week's pre-treatment with indomethacin at a dose of 25mg three times a day, there was no significant change in performance even though blood levels were similar. Tolerance had developed to indomethacin's CNS effects.

Patients should be made aware of the risk of CNS impairment by indomethacin, the authors conclude, although they can be reassured that the symptoms will disappear with continued treatment. Alternatives for people badly affected by indomethacin would be to prescribe a slow-release formulation or to increase the dose gradually.

Br J Rheumatology 1989;28:317-9

Calcium antagonists and movement disorders

There have been isolated reports of improvement of drug-induced movement disorders after administration of high doses of the calcium antagonists verapamil and diltiazem. The mechanism for this effect is unclear, although receptors for calcium antagonists have been located in specific areas of the brain. There are also reports of calcium antagonists causing or exacerbating movement disorders, the latest being a clear case of drug-induced parkinsonism associated with diltiazem.

A 77 year old man received diltiazem for paroxysmal atrial flutter in a dose increasing from 30mg to 90mg six-hourly. He was also taking several other anti-arrhythmic and antihypertensive agents. After several days at

this dose, he experienced tremor and difficulty in walking which progressed over the subsequent three months to cogwheel rigidity, shuffling gait and an inability to get up from a sitting position. A trial of carbidopa/levodopa was unsuccessful but withdrawal of diltiazem led to an almost complete resolution of symptoms over the next two weeks.

Nine weeks later, while still taking the other drugs he had been prescribed, the patient was rechallenged with diltiazem. Within a few days, the parkinsonian symptoms returned. Another two weeks without diltiazem left him with a slight residual cogwheel rigidity.

Am J Medicine 1989;87:95-6

Methotrexate for arthritis

Although there are many alternative non-steroidal anti-inflammatory drugs which offer symptomatic control of rheumatoid arthritis, there are few slow-acting or disease-remitting agents which offer hope of arresting the progress of the disease. One of the latest to emerge is methotrexate.

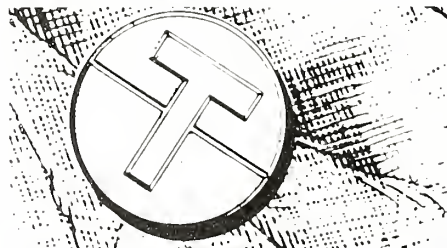
At relatively low doses, methotrexate is often effective when other agents have proved unsuccessful. But, as with alternatives such as intramuscular gold and penicillamine, adverse effects can be severe. One comparison between gold, penicillamine and sulphasalazine found that the probability that patients would still be taking one of these drugs five years after beginning treatment was 8 per cent, 17 per cent and 19 per cent respectively. Early in the course of treatment, adverse effects were the commonest reason for withdrawal. Later, lack of efficacy became more important. A retrospective survey has now shown that, although the percentage of patients persisting with methotrexate after five years is higher, toxicity is the principal reason for stopping treatment.

One hundred and fifty-two patients, 64 per

cent of whom had severe or very severe disease, received an average of 8mg of methotrexate a week. The proportion of patients taking methotrexate after one year was 70 per cent but the chances of still being on treatment after five years was 49 per cent. By then, the patients with the most severe disease had a higher risk of developing adverse effects although the dose of methotrexate they received was only marginally higher.

The most important determinant of treatment withdrawal was found to be the development of adverse effects, predominantly nausea, vomiting or gastrointestinal bleeding, and rashes. Other serious reactions included oral ulceration and leucopenia.

Arthritis and Rheumatism 1989;32:671-6



Topics in Treatment is a regular series written by drug information specialist Steve Chaplin MPS, looking at current developments in medicine.

HRT and cancer

A recent American study which found an increased risk of cancer associated with HRT received widespread publicity but reaction in the UK has been muted.

The study reported that more than three years' use of oestradiol and related oestrogens was associated with increasing risks of breast cancer, with the relative risk increasing to 1.8 after eight years. However, although the duration of HRT use in these women was known, no account was taken of the many who had received hormone treatment previously — effectively increasing the duration of their exposure to hormones. The risk associated with oestrogen-progestagen combinations increased four-fold but these figures, based on only ten patients, marginally failed to reach statistical significance.

Expert comment in the UK has pointed out that the American and British HRT formulations are different — in the UK, for example, little oestradiol-derived oestrogen is used — and highlighted the contradictory findings of other studies. Against what appear to be possible risks must be set the symptomatic improvement achieved with HRT and the benefits of preventing fractures. The results of this controversial study do not, therefore, change opinion in the UK.

New Eng J Med 1989;321:293-97

Lancet 1989;ii:368

HRT and thrombosis

Because oestrogens have been implicated as a cause of thrombosis, stroke and myocardial infarction, oestrogens in hormone replacement therapy may be a risk factor for cardiovascular disease. Recent studies in this area have produced conflicting conclusions but most have concentrated on the use of oestrogen alone. Current practice is now to co-prescribe a progestagen to reduce the risk of endometrial cancer, although the progestagen of oral contraceptives has also been linked with stroke and ischaemic heart disease. But the latest British study of the association between HRT and cardiovascular disease has produced reassuring results.

Six hundred and three cases of fatal and non-fatal stroke or myocardial infarction were notified to a London co-ordinating centre from 83 general practices. The use of HRT in this group was compared with that of a control group of 1,200 women. Overall, 18 per cent of cases had received more than one prescription for HRT compared with 14 per cent of controls — a modest but statistically significantly increased relative risk of 1.36. The use of progestagen alone, but not oestrogen in any combination, was associated with a higher risk of cardiovascular disease of 1.9. Considering only fatal events, the relative risk with progestagens was increased to 5.27.

The study provides no evidence of an increase in cardiovascular disease associated with the HRT regimens in current use. But its findings are limited because the average duration of HRT use was only 15 months at an average of nine years ago. More data are needed on longer use and particularly on the effects of progestagens.

J Epidemiol Commun Health 1989;43:173-8

BUSINESS NEWS

Zantac-led Glaxo on target

Glaxo this week introduced chief executive Dr Ernest Mario and a set of full year figures that met City expectations.

Dr Mario, an American who in May was promoted ahead of former chief executive Bernard Taylor, said trading profit is up 15 per cent to £876m. Turnover has moved on by 25 per cent to £2,570m and research and development spending lifted by £93m to £323m.

But despite matching City forecasts, Glaxo's price tumbled 61p to 1,525p on the results announcement.

Zantac, the world's top selling medicine, has kept anti-ulcerants at the top of the Glaxo sales-by-therapeutic-area chart, taking nearly half of all turnover. Most of that £2,570m of business was done in North America (£1,163m), with the UK taking £305m.

Respiratory medicines account for £585m, systemic antibiotics for £396m and dermatologicals for £101m.

Despite a year of mergers and takeovers among the world's top pharmaceutical companies, Glaxo said they are committed to remaining independent and following their own course.

Moss celebrate the 21st in Asda

E. Moss Ltd are to open their 21st pharmacy in Asda at the superstore at Rogerstone, near Newport, at the end of November.

The new store will sell electrical and household goods, toys, records and tapes as well as the wide range of food items. Other trade concessions include a travel agent, a hairdresser.

Evans Healthcare is up for sale

Evans Healthcare, the UK's largest independent pharmaceutical company, have shelved plans to go public and are seeking a buyer.

The move, announced to 640 employees last Friday, comes three years after the management buyout from Glaxo.

City pundits think the Horsham-based company will

attract strong interest and a price far higher than the £27m the team led by managing director David Moffatt paid Glaxo in 1986.

Mr Moffatt says the move comes after "a number of serious approaches from companies wishing to purchase Evans Healthcare" which he now wants to explore.

A sale should enable Evans, he said, to become "part of an organisation which can provide the environment and support" to help them reach their strategic goals faster than they would be able to do on their own.

Since the buyout from Glaxo, Mr Moffatt's team have sold their branded vitamin business while retaining Mycil, Nylax and Dequa. Evans claim to be "generally recognised" as the leading supplier in the UK of generics sold through retail pharmacies and also to hold "dominant" positions in the field of analgesic pharmaceuticals used in hospitals and hospices.

Mr Moffatt said the company has attracted many offers since the buyout and interest had sharpened recently. This persuaded him to defer flotation, he said, because it would be in no-one's interest to go through the expense if the company was to be taken over.

The latest set of results show pre-tax profits before exceptional items of £2.65m. Sixty-seven per cent of Evans' business this year has been in generics.



Mr David Moffatt

Six month rate appeal set

The uniform business rate moved one step nearer to reality this week when the Government announced regulations outlining what rights of appeal business rate payers have against valuations made by the Inland Revenue.

Minister of State at the Department of Environment, David Hunt, said appeals against

the valuation of a property must be made by October 1 next year. The valuations will be published later this year, with the UBR coming into effect on April 1 1990.

Once the six month period has elapsed, Mr Hunt said there will only be certain circumstances in which appeals will be allowed, against the level of rate set.

Fisons up 33 to £67m

Fisons, subject of the occasional bid rumour over the last 6 months, reported half year pre-tax profits up 33 per cent to £67m last week.

Sales are up by a quarter to £485.3 million and earnings per share by 19 per cent to 8.9p. The pharmaceutical division has profits of £49.2m, up "an impressive" 44 per cent over the same stage last year.

Tilade is said to have made major progress and growth in the UK continues to be "satisfactory" with a "steadily increasing market share".

However, the company was keen to stress that growth does not rely solely on the drug and picked out Intal as having made good progress.

Acquisitions during the period under review included Pennwalt in the US, Gerbiol in France and Italcimici in Italy.

'Fast lane' for 1992

A new "fast lane" system has been introduced by HM Customs and Excise at ports and airports to reduce delays resulting from Customs checks on imports from European Community countries.

The new system is said to be a practical step towards making the European Single Market by January 1 1993.

"Fast lane" clearance begins with an electronic declaration of a consignment by an importer or agent to the Customs computer. The computer issues automatically a "fast lane" clearance if the consignment is eligible.

Unless selected for preventive checks, "fast lane" imports can be released immediately. Traders have up to 72 hours after clearance to present all the necessary paper documents and VAT payments are secured by a guarantee system known as the Duty Deferment Scheme.

Second generation 'inexpensive'

The pharmacist looking for a second generation computer may now see the advantages of moving to a multi-access system, said Martin Booth, managing director of Channel Business Systems at EPOS 89 last week.

"Having cut their teeth on computerised labelling, all generations of pharmacists are now more willing to consider further areas in which the computer can be of value.

This leaves the pharmacist time to do the counselling and other professional tasks which he has been trained for," said Mr Booth.

The fact that a 20 mb system is necessary for handling patient records, coupled with the large reduction in hardware costs, make the addition of facilities such as upfront patient counselling (*C&D* September 16 p454) and till sales control a relatively inexpensive consideration, he said.

Multi-access systems permit all these functions to proceed simultaneously using the one computer with several keyboards and screens.

Animal supply opens

Three senior managers have received backing from venture capital group 3i to start a veterinary wholesale company based at Ilkeston.

National Veterinary Supplies will trade initially from depots in Ilkeston and Middleton, near Manchester, offering a nationwide service to veterinary practices.

The management team is being led by managing director Peter Ashton.

Jeyes up 41pc

Jeyes Group plc this week reported interim pre-tax profits up 41 per cent to £1.02m and turnover up 24 per cent to £23.2m.

Managing director Jimmy Moir says the integration of the Wet Ones business is progressing to plan and the development of the Moists toilet tissue brand is providing the company with a "new and fast growing core product area."

Wellcome cut AZT price, ending protests

Wellcome this week reduced the price of Retrovir by 20 per cent in the UK and United States. The trade price is now £91.68 for both the 100 and 250mg presentation.

The move was immediately acknowledged by AIDS help groups as a "positive step" and there was no negative reaction on the share price in the City as the cut had been expected.

Wellcome said the decrease follows recent trial successes in America which should mean the drug can be given to more patients, widening the sales base.

This growth in patient population, coupled with recent economies production has "reduced somewhat" the financial risk and will remove "some of the uncertainties which existed when AZT was first introduced", the company said.

There was no mention of bowing to pressure from groups which have consistently campaigned against the pricing of Retrovir. The latest protest, last week, saw one group chaining themselves to the visitors' gallery in the New York Stock Exchange after unrolling a banner saying "Sell Wellcome".

Other action has included a practice of entering retail pharmacies in the US and putting "AIDS profiteer" on Wellcome products. One AIDS worker was quoted in *The Wall Street Journal* last week claiming Wellcome was involved in "shameless

profiteering".

The company say that before making the reduction they "carefully weighed a number of factors, including the responsibility to patients and shareholders, the very real remaining uncertainties in the marketplace and the vital need to fund on going research and development programmes".

Wellcome say they began evaluating the price cut directly after the recent US government study showed that AZT was more effective than previously believed in halting the virus.

City analysts speaking to *C&D* this week said they did not think the company had made excessive profits on the drug, indeed one was adamant that the pricing issue had been handled well, and in line with the profits expected of a company with very high development costs.

The Terence Higgins Trust declined to comment directly on the pricing issue but a spokesman was enthusiastic about the 20 per cent reduction. He told *C&D* that anyone infected with HIV would welcome the news and would carefully watch the profits being made by the company.

■ Minister for Health David Mellor is urging American Scientists to speed up publication of the full details of the AZT trial, which showed that Retrovir can halve the rate of progression to AIDS in asymptomatic patients.



Claude Matons (operations director), Sir Alfred Sheppard (chairman) and the Lord-Lieutenant of Greater London, Field Marshall The Lord Bramall at the presentation of Wellcome's Queens Award for Export Achievement last week

Rhone Poulenc are this week reported to be "likely" to launch a takeover bid for the specialty chemicals division of RTZ.

Network Mangement Ltd have moved to: Christy Estate, North Lane, Aldershot, Hampshire GU12 4QP. Tel: 0252 29911.

Astra Group reported half year sales up 21 per cent on the same stage last year to SEK 3,632m. New product launches — including Losec, Astra's new anti-ulcer treatment — are said to have accounted for 6 percentage points of the growth in sales.

Introducing Mam...

Mam (UK) Ltd is a new company set up to market baby feeding products and soothers.

The company is a subsidiary of the Austrian manufacturers Mam Babyartikel GmbH whose baby range is already well established in Europe and the USA.

Based in the West Midlands, Mam (UK) Ltd is led by Peter Weiss, managing director, and Stephen Wooller, sales and marketing director, who between them have many years experience in baby care product design, manufacture and marketing. Mr Weiss was previously deputy managing director at Lewis Woolf Griptight and Mr Wooller was marketing director with Cannon Babysafe.

The first products, will be launched mid-October and will be sold through pharmacies and from major wholesalers. Unit 8, Stirchley Industrial Estate, Hazelwell Road, Stirchley, Birmingham B30 2PF. Tel: 021 4594304.

On the move

East Anglian Wholesale Supplies are moving from their premises at Norwich Quayside to a new purpose-built 32,000 square foot complex at Pinetrees Business Park, Salhouse Road. Managing director, Jonathan Briggs says: "This move gives us greater capacity for growth..."

COMING EVENTS

PSNI lecture

The second lecture in the Continuing Pharmaceutical Education series in Northern Ireland will be held on September 28 at The Beechlaw Hotel, Belfast from 10am to 5pm. Angela Campbell, Tel: 650111 ext 761.

Tuesday, September 6

Leicestershire branch, RPSGB. Sports and social club, Leicester General Hospital at 7.30pm. Chairman's evening — a ceilidh, with live band and buffet.

Pharmaceutical Marketing Society. "Electronic reporting — a shock to the system", a conference and exhibition at Lord's banqueting centre, St John's Wood, London on October 3. Fee £51.75 (members), £66.70 (non-members). Contact Vivien Bennet on 0403 64898.

Young Pharmacists Group. Southern area conference on "Antibiotic prescribing", at the RPSGB headquarters, Lambeth on October 1 at 10am. All welcome. Contact Gary Brown on 01-789 6611 ext 2417.

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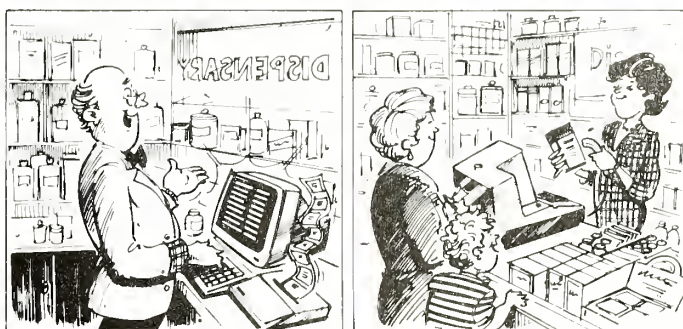
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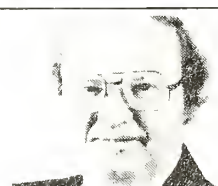
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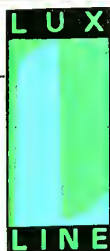
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ABOUT PEOPLE

Prints from the past

When a packet of uncollected wedding prints from 1951 were discovered during alterations to a pharmacy in Sidmouth, pharmacist Selwyn Kussman decided to ask the *Sidmouth Herald* to publish one of the prints in an attempt to find the bride of 38 years ago.

The response was unexpectedly prompt when the '50s bride Mrs Barbara Rudling saw the picture. The photographs had been taken by a friend and forgotten, as soon after the wedding Mr and Mrs Rudling left for Bahrain.

When Mrs Rudling called to collect the photographs from Hinton Lakes (Cross and Herbert



(Top) Pharmacist Selwyn Kussman offers the wedding photographs to Mrs Barbara Rudling at Hinton Lakes. Inset: The photograph published by the *Sidmouth Herald* in search of the blushing bride

Ltd), Selwyn Kussman decided to waive the charge of 4s 6d which was just as well, as Mrs Rudling proffered two half-crowns!



Glaxo donate £1m for KCH

A £1m donation by Glaxo will be used to build a new pharmacy at Kings College Hospital, London, as part of the Kings 2000 redevelopment plan.

The hospital is celebrating its 150th anniversary next year, when an appeal to raise £40m towards the £90m programme will be launched. Chairman of Camberwell Health Authority, Sir

Derek Boorman, said: "The Glaxo pharmacy will form an essential part of an extended range of community health care services. Great emphasis will be placed on involvement of local GPs in drug therapy regimes and patient counselling, with access to a central comprehensive database on pharmaceutical treatments. This is a tremendous boost."

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Royal Pharmaceutical Society secretary and registrar John Ferguson, FRPharmS, becomes a Fellow of the Pharmaceutical Society of New Zealand. Earle Shaw, the New Zealand Pharmaceutical Society's president travelled half way round the world to the British Pharmaceutical conference in Keele last week to present Mr Ferguson with his certificate at the closing ceremony. Mr Ferguson was made a Fellow in recognition of his contribution while secretary and registrar of the New Zealand Pharmaceutical Society from 1975-85

APPOINTMENTS

Rorer Health Care Ltd have appointed Dr Hill as managing director, Armour Pharmaceuticals, Europe. Dr Joanne Horobin replaces Dr Hill as medical director for Rorer Health Care and Mr P. Bradford is promoted to director of planning — Europe. Mr Peter Lloyd becomes business development and technical director and Mr Simon Hince now becomes head of regulatory

affairs, UK and Ireland.

Cartier Ltd have appointed Roger Hemple as fragrance sales manager.

R.P. Scherer Ltd have appointed Mr R.F. Malcolm to the board as marketing director.

Body Shop International plc have appointed Dr Aran K. Puri as head of research and development.

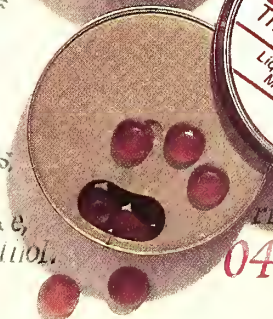
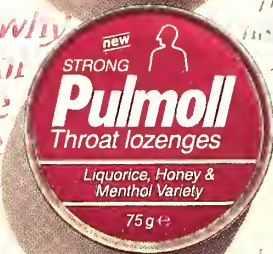
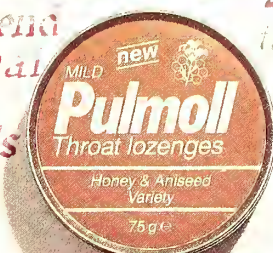
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- * Sugar Free Liquorice, Aniseed & Menthol



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What's more, Seven Seas Pure Cod Liver Oil is the only one on the market with a product licence approving the claim to help relieve aches, pains, and joint stiffness.

In short, it's the brand that your customers trust. (80% of all cod liver oil sold is Seven Seas.) So don't be left high and dry this year. Keep your shelves well stocked with the brand leader in pure cod liver oil and be prepared to meet the new demand. Contact your Seven Seas representative for details.

SEVEN SEAS

The No 1 Brand in OTC Health Care



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